

QUANTITY AND QUALITY OF HEALTH CARE SERVICES PROVIDED TO ELIGIBLE VETERANS IN CENTRAL GEORGIA

HEARING
BEFORE THE
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HOSPITALS AND HEALTH CARE
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QUANTITY AND QUALITY OF HEALTH CARE SERVICES PROVIDED TO ELIGIBLE VETERANS IN CENTRAL GEORGIA

FRIDAY, MAY 24, 1985

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE,
Dublin, GA.

The subcommittee met, pursuant to notice, at 9 a.m., in the auditorium of the VA Medical Center, Dublin, GA, Hon. G.V. (Sonny) Montgomery presiding.

Present: Representatives Evans, Kaptur, Penny, Hammerschmidt, Bilirakis, Johnson, and J. Roy Rowland.

OPENING STATEMENT OF CHAIRMAN MONTGOMERY

Mr. MONTGOMERY. Good morning. The Subcommittee on Hospitals and Health Care meeting in Dublin, GA., on May 24, 1985, will come to order. As I said earlier, good morning to our witnesses and also other visitors. It is a pleasure to be in Georgia at the request of one of our finest members of the Committee on Veterans' Affairs.

Believe me, Dr. Roy Rowland, as you would say in Georgia, is a real peach and we enjoy him very much on the committee. We also are enjoying being in your lovely State for this short time. We will hear from Dr. Rowland in just a few minutes. We are here to look into the operation of this veterans' hospital at the request of Dr. J. Roy Rowland.

I would ask the witnesses, if they could, to limit their statements. This gives the members a chance to ask questions. And at the end, if our time permits, we will answer questions from the audience. I would like to say that we are not here to listen to personal problems which many of us receive on veterans' matters, but to hear testimony that would be of general interest to the whole hearing session. And of course Dr. Rowland does have staff here that—as well as the VA, can handle any personal problems. It is my privilege as the full committee chairman to Chair this subcommittee today.

Mr. Edgar of Pennsylvania, the subcommittee chairman, was not able to be here today.

On my right is the ranking minority member of the full committee and the Subcommittee on Hospitals and Health Care, Congressman John Paul Hammerschmidt of Arkansas. John Paul has been very cooperative with me as chairman. We have a bipartisan effort

on this committee, as you will see this morning as we move along. We put the veteran first, much more over the party affiliation, and thanks to John Paul, we have a good, strong effort for the veterans. The Chair would like to recognize the ranking minority member on the Hospital Subcommittee, John Paul Hammerschmidt of Arkansas.

STATEMENT OF HON. JOHN PAUL HAMMERSCHMIDT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ARKANSAS

Mr. HAMMERSCHMIDT. Thank you very much, Mr. Chairman. I certainly count it a privilege to be here at the Carl Vinson Veterans' Administration Medical Center. You know, we have been in Dublin only a short time, but Dr. Rowland has made us feel at home already with his Georgia hospitality.

Roy Rowland is a true friend of the veteran, and his background as a doctor has been invaluable to the Veterans' Affairs Committee and the Subcommittee on Hospitals and Health Care in better understanding many of the issues that we deal with. So I look forward to hearing the testimony of our witnesses this morning. It is particularly important for the members of the committee, as representatives of the people, to come to places where Americans live and work so that we can obtain a clear, commonsense view of what is right and what is wrong with the VA's programs, which, in this case affect Georgia's hospital and health care for its veterans.

In Washington some of the debates after a while become too abstract, and hearings such as this, are a big help in keeping Congressmen in touch with the concerns of our citizens. Much of the debate in Washington right now is about the budget. Almost everyone agrees on the need to reduce the budget, but that is often where the agreement stops. I'm glad to say that because of the bipartisan spirit that our chairman mentioned, and that truly does exist in the House Committee on Veterans' Affairs, every one of my colleagues here today and all the other members of the committee as well, have made unanimous recommendations on the budget for fiscal year 1986. The members of this committee agree 100 percent that America's veterans must receive a fair share of the Federal budget. We are doing our best to see that they do, and I believe they will.

As my good friend and our very able Chairman, Mr. Montgomery, observed, we must ensure that medical benefits for eligible veterans are not affected by budget cutting. Again, I am delighted to be visiting Dr. Rowland's district and participating in this hearing. Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you, Mr. Hammerschmidt, and the Chair would like to recognize the gentleman from Illinois, Congressman Lane Evans. And we are very proud that he is a Vietnam veteran. We do not really have that many Vietnam veterans in the Congress. He has been most helpful and a real asset to our committee. The Chair would like to recognize the gentleman from Illinois.

OPENING STATEMENT OF HON. LANE EVANS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mr. EVANS. Thank you, Mr. Chairman. I have enjoyed being in Georgia. We have had a lot of hospitality so far and we have enjoyed our stay. I wish I did not have to go back to Illinois, but it is a holiday coming up.

I am really here for two reasons besides the fact that we are here in an official capacity to hear about the nature and quality of care in our hospital here. When we think some VA witness is stonewalling us or some doctor is stonewalling us, we put Roy Rowland on them, and they straighten out. It really is an asset for us to have a doctor on our committee.

I am chairman of the Vietnam era veterans caucus in Congress. We owe a great debt of gratitude toward Roy Rowland for his consistent support of Vietnam veterans on our committee, and in Congress. He has consistently been there. I would like to think that I am the most "gung" ho when it comes to Vietnam veterans' issues, but I really cannot say that with Roy Rowland on our committee and serving with us in Congress. So, Roy, it is a pleasure for us to be here with you.

Mr. MONTGOMERY. Thank you, Lane. The next Member is a Member from the State of Florida, Congressman Mike Bilirakis.

We certainly enjoy having Congressman Bilirakis on our committee and he will probably tell us in the hearing, as he usually does, of the number of the veterans that are moving South. We know they are coming into Georgia. They are certainly going into Florida. The gentleman from Florida, Mr. Bilirakis.

OPENING STATEMENT OF HON. MICHAEL BILIRAKIS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. BILIRAKIS. Thank you, Mr. Chairman. It is great to be here. As you and all of the other Congressmen on the panel indicated earlier, this is bringing Congress down to the people. There is nothing like doing that in order to really acquire grass roots information that we need for legislation up there in Washington.

I would say that probably the last time I was in a gathering with so many Georgians, and certainly many more, was at the Gator Bowl in Jacksonville for the Florida-Georgia football game. And I was there rooting for the Gators, and Roy and other people were rooting for Georgia. So this is going to be a much more peaceful gathering.

Just the fact that so many members of a committee have come down here—five Democrats and three Republicans, I think probably the largest gathering at any field hearing—is a great testimonial to Roy Rowland and to his wife, Luella. It is an indication of how highly thought of they are in Washington, and certainly by his colleagues.

You know, we talk about sacrifice and dedication. Yes, going to Congress is a tremendous sacrifice. It takes an awful lot of dedication there, but when we think of a medical doctor coming from a beautiful, great community like this, leaving it to go to Washington, DC, that certainly is quite an illustration of sacrifice and dedi-

cation. We appreciate Roy Rowland. I know you all do, too. Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you, Mike. You know, we do have some attractive people in Washington. I will introduce two of those attractive people. The first one is the Congresswoman from Ohio, Marcy Kaptur. She has certainly been a wonderful hard-working member of our committee. And, Marcy, the Chair would like to recognize you at this time.

**OPENING STATEMENT OF HON. MARCY KAPTUR, A
REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO**

Ms. KAPTUR. Thank you, Mr. Chairman. I come from the northwestern corner of Ohio—Toledo—and as one of my colleagues reminded me this morning, that's the hometown of Klinger from M*A*S*H. So you can get a sense of where I come from. It is a real pleasure to join Roy Rowland here today. I learned you call him J. Roy last night, and that all of you here for this hearing in Dublin are in middle Georgia. That is a new term to me as well, as I am learning a lot on this trip and I was very impressed when we came in the hospital this morning to see the greeting that said may we help you?

That impressed me. I hope we can help you and all the veterans of this country, and it is a real pleasure for me to be here on behalf of the veterans of this area as well as at the invitation of Dr. Rowland because he helped me with some difficulties I had in my own congressional district in trying to get this type of service for our veterans. We do not have this kind of facility in my area, and I must say I am extremely impressed with the way that it looks and the way that we have been treated since coming here. So I will enjoy listening to the testimony today, learning about the problems of the veterans in this area. Thank you, Mr. Chairman, for giving me the opportunity for my own welcome.

Mr. MONTGOMERY. Thank you, Ms. Kaptur. Another one of our very attractive members, the Chair would like to recognize Congresswoman Nancy Johnson of Connecticut. She is also serving her second term in the Congress, and has certainly been a real addition and asset to the Veterans' Affairs Committee. The Chair recognizes the lady from Connecticut, Nancy Johnson.

OPENING STATEMENT OF HON. NANCY JOHNSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CONNECTICUT

Mrs. JOHNSON. Thank you very much, Mr. Chairman. It is a great pleasure to be with you all this morning, and I thank you all for your very warm reception and for your hospitality.

One of the reasons it is important for Members of Congress to go on field hearings to different parts of the Nation is because we are a very large and diverse Nation and the needs of the people do vary from region to region. As the average age of our veteran population advances, it is important for us to get out to our various hospitals and see what planning is being done to address the needs of a population that is aging and also what the unique nature of the veterans' needs are here in Georgia.

So we are here to share with you the problems that you see developing, and the successes that you feel have been a part of this hospital's life. It is indeed a pleasure to join my colleagues here today and a special pleasure to join J. Roy in his district because he has been one of the most thoughtful members of our subcommittee. He has contributed enormously through his lifetime of experience as a physician and his knowledge and capability as a legislator. It is a pleasure to be here, Roy, with you.

Mr. MONTGOMERY. Thank you very much, Nancy. The Chair would like to recognize the Congressman from Minnesota, Tim Penny, and say that Tim—his work on the committee for the VA's State Home Program has certainly brought innovative changes in that program. And we are very glad and appreciate very much Tim Penny from Minnesota. The Chair recognizes the gentleman.

**STATEMENT OF HON. TIM PENNY, A REPRESENTATIVE IN
CONGRESS FROM THE STATE OF MINNESOTA**

Mr. PENNY. Thank you, Mr. Chairman. It is good to be here in Georgia, and I want to stress, as others have, just how important these regional hearings are. The committee has traveled to a variety of locations around the Nation to hear from veterans in those areas about their specific concerns and to tour and learn more about the health care facilities in various parts of our country.

I benefited from one of these hearings when the chairman of the subcommittee, Mr. Edgar of Pennsylvania, came to my State and toured our hospital facility and came down to my district for a hearing with the veterans of my area.

We are very interested in the possibility of additional nursing home space for the veterans of Minnesota, and we have some vacant State hospital buildings that we would like to convert for that purpose. There is no guarantee that by changing the law to allow for the conversion of those types of facilities for nursing home care that we are going to get it done in Minnesota, but we did as a result of that hearing and those meetings in Minnesota, get legislation through this committee that would allow it.

So at least now those kinds of facilities can be converted if Minnesota puts in a request and that request is honored by the Veterans' Administration. So that is one example of an idea that was brought forward at one of these regional hearings that actually worked its way into legislation. And so I do think that these meetings are valuable.

We cannot guarantee that there will be legislation as a result of this particular hearing, but certainly it does help us to stress that the kinds of suggestions that you bring forward here and what we learn about the health care here in Georgia and about this particular health care facility will help us as we do our work on the committee. And as we draft legislation in the coming months, I know that the extent of our specific concerns of the veterans here in the State, or needs here at this particular facility, will have an able and effective advocate on their behalf in your local Congressman Roy Rowland.

Mr. MONTGOMERY. Thank you very much, Tim. Certainly last but not least, the Chair would like to recognize your Congressman, the

Congressman from this middle district in Georgia, Roy Rowland. And as has been said here earlier, his experience and medical knowledge have proven to be invaluable to our committee. The Chair would like to recognize the gentleman from Georgia, Roy Rowland.

**OPENING STATEMENT OF HON. J. ROY ROWLAND, A
REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA**

Dr. ROWLAND. Thank you very much, Mr. Chairman. May I thank all of you for the gracious remarks that you made not only about me, but about my wife, Luella. I appreciate that more than I can tell you.

Let me say to everyone here that it is not easy for Members of Congress to come to hearings such as this because when we get out we need to get back to our districts. There are many of us who have children that are back home and we need to get back to our families and get back to the people that we represent. So this is a real sacrifice on the part of everyone up here to come to Dublin, GA, today for this hearing to look into the health care delivery system that we have in the Veterans' Administration here.

I am just most grateful to all of you for being here today. I am very grateful to the Director, Mr. Edgar, for the fine hospitality and courtesy that he has extended to us here, for the other members of the Veterans' Administration who are going to testify this morning, and for the leadership of the veterans groups around the State who have made sacrifices also to be here today.

But most of all I want to thank all of you for coming because if you did not come there would not be any hearing. A field hearing is just this: It is for people to come who are interested in what is taking place in veterans' affairs, to express their opinion to the people that I have just mentioned. So I just express my appreciation to all of you for being here today, and I think what we need to do now, Mr. Chairman, is to get on with the hearing. Thank you very much.

Mr. MONTGOMERY. Thank you, Roy.

[Applause.]

Mr. MONTGOMERY. I was going to ask for applause for these Members. As Roy touched on it, it is Memorial Day weekend and it is somewhat of a sacrifice for these Members instead of going direct from Washington to their home districts, to come down here. So it does show dedication and that we do care about the veterans and their dependents. And I might say that most of these—all of these Members will go back to Atlanta, and they will catch commercial flights to different parts of the country. So I also say thanks to the Members for being here.

Without objection, I would like my full statement to be put in the record to save time. I think we should move right along.

[The statement of Mr. Montgomery appears on p. 45.]

Mr. MONTGOMERY. We do have in effect three panels. The first panel should come forward at this time. Mr. Thompson, the Director of the Southeast Region Department of Medicine and Surgery; Mr. Edgar, who is the Director here of the Dublin, GA Medical

Center; and Donald Burnette, who is Director of the VA Medical Center in Augusta, GA.

Our next panel will be from the American Legion, the DAV, and the Department of Veterans' Service, State of Georgia. The Chair would like to have brief statements from our witnesses, and then the members might have questions they would like to ask. So, Mr. Thompson, you may lead off, sir.

STATEMENTS OF DONALD B. THOMPSON, DIRECTOR, SOUTHEAST REGION, DEPARTMENT OF MEDICINE AND SURGERY, VETERANS' ADMINISTRATION; WILLIAM O. EDGAR, DIRECTOR, VETERANS' ADMINISTRATION MEDICAL CENTER, DUBLIN, GA; AND DONALD E. BURNETTE, DIRECTOR, VETERANS' ADMINISTRATION MEDICAL CENTER, AUGUSTA, GA

STATEMENT OF DONALD B. THOMPSON

Mr. THOMPSON. Thank you, Mr. Chairman, members of the subcommittee. We really appreciate having you here in middle Georgia and in the Southeastern region today with us. Since you have my formal statement, I will make just a brief summary of my remarks.

The veterans of middle Georgia are receiving the majority of their care from the Veterans' Medical Centers in Augusta and here at the Carl Vinson Hospital. In addition to these two very excellent facilities, a satellite clinic is planned for Savannah and just within the last week, we have had a member of our construction service down there to look at program and space requirements for the proposed clinic. And if that clinic is funded in the budget process, we would look for occupancy some time in fiscal year 1988, and that clinic would provide about 22,400 visits.

The centers serving this particular portion of the State provide a full range of tertiary, secondary, and primary care. In my opinion, it compares favorably in quality and quantity with that found anywhere in the health care industry in public and private sectors. The hospital at Augusta is affiliated with the Medical College of Georgia and provides highly specialized services as well as long-term psychiatry and nursing home care. Now here at Carl Vinson we provide acute, primary, and secondary care in medicine and surgery, extended hospital care and nursing home care. There is also a domiciliary here.

We have in this area approximately 200,000 veterans in the middle Georgia area extending from the South Carolina border to the Florida border who are served by the hospitals of Augusta and Dublin GA and Lake City and Gainesville, FL. They are using these hospitals. We expect to have 11,640 inpatients at Augusta and 5,480 at Dublin and to record 101,000 outpatient visits at Augusta and 36,000 at Dublin. Applications are exceeding last year's rate by some 14 percent and our service-connected work-load has increased to approximately 45.3 percent.

Our MEDIPP plans for this area are extensive. They would call for improvements at Augusta to include a pulmonary rehabilitation program, 120-bed nursing home unit as part of the replacement hospital at the uptown division, and adult day care and hospital based home care, at Carl Vinson the plans include the conver-

sions of existing space to provide psychiatry services, expanded outpatient services and a 120-bed nursing home care unit.

Because of budget restrictions and complications in the last 2 or 3 years, we have found it necessary to begin to limit access to care for veterans in these facilities. Subsequently, the percentage of service-connected veterans treated as outpatient has risen by approximately 10 percent in the last 4 years.

As the dollars continue to become more scarce, we continue to seek ways to contain and reduce our cost of operation. Many programs have already been instituted and we will be pressing forward to find every possible way to cut costs. We have recently completed installation of a computer system with these hospitals and these are providing administrative improvements that we think will be helpful.

That will conclude my summary and initial statements. All of us will remain at the hearing throughout, so that we can answer questions which you desire.

[The statement of Mr. Thompson appears on p. 46.]

Mr. MONTGOMERY. I would appreciate it if our three administrative directors would stay around this morning because there are some questions that we might need your help on.

The Chair would like to recognize Mr. Edgar.

STATEMENT OF WILLIAM O. EDGAR

Mr. EDGAR. Thank you, Mr. Chairman. I would like to start by saying that for me personally it is a pleasure to appear before you and the subcommittee today as a representative for the Carl Vinson Veterans' Administration Medical Center in Georgia. It is certainly an honor for our medical center to host this very important hearing and on behalf of our patients and staff, I want to welcome you and your colleagues to our hospital. We have looked forward to this meeting very much.

I think you should know that the Carl Vinson Veterans' Administration Medical Center has the responsibility to provide quality care for some 118,000 veterans in our 52-county area. I would also like to publicly state that our mission, simply stated, is to provide the very best of quality care in a compassionate and sensitive manner to the veterans of central Georgia. Of course it is also our responsibility that we provide this medical care in the most economical and cost-effective manner without sacrificing our quality.

Just a few highlights about our hospital, we have some 301 general medicine surgery beds, we have an 86-bed nursing home care unit, and we also have 344 domiciliary beds. During the last fiscal year, our hospital treated some 5,200 inpatients, and we performed in excess of 28,000 outpatient visits. I think it is significant to note at our hospital—those figures represent a significant increase in our workload, an increase of some 290 percent since 1971 in the outpatient activity and in excess of 28 percent since 1981.

Also, I think it is significant to note that our inpatient workload has stabilized in the last 5 years, and it is my personal belief that the stabilization of the inpatient workload is a direct result of the expansion of our outpatient program. I think that proves that our

outpatient treatment really has obviated the need for hospitalization for many of our veterans.

I think we have been fortunate in Dublin in that over the past several years we have had a very active construction program. I will not go over all of those construction projects, but we are quite proud that we have been able to begin the air-conditioning of our domiciliary patient buildings, and that is currently in progress. And we expect that to be completed within the next few months. We are also delighted that we have received money to start the correction of the significant patient privacy deficiencies that we have in our hospital. We have already finished one large patient privacy construction project, and we have another one now under construction and we have plans in the future for many other wards to be renovated with patient privacy in mind.

We are very involved in the Medical District Initiated Planning Process. We think it is an excellent process. We think that fully implemented it will be responsive to the future needs of our veterans, which as you know, are considerable.

I would like to highlight what we think are three very important needs for our hospital here. The highest priority is a new outpatient building—I mentioned the increase in our outpatient workload. This year we will see in excess of 30,000 outpatient visits and our planning tells us that by 1991 we expect to be seeing some 50,000 visits in a building that is designed to handle about 10,000 visits. I am glad to say that we do have some advanced planning funds to help us with that situation.

Another important deficiency we have is in the nursing home care area. We only have an 86-bed nursing home care unit here. We feel that we need many more beds than that. Our plan for that correction would be construction of a new 120-bed nursing home care unit. We have no funds at this time, but we are hopeful for the future. Third, and last, we feel a definite need for the establishment of a 90-bed psychiatric service of our hospital. We have no psychiatric service here, and we think that would provide us the necessary spectrum of psychiatric services of our hospital.

In closing, just like you say, it is our job and duty to provide the quality care in a compassionate and sensitive manner to our veterans and we feel we can do that.

Mr. Chairman, that concludes my statement.

[The statement of Mr. Edgar appears on p. 47.]

Mr. MONTGOMERY. Thank you, Mr. Edgar. The Chair recognizes the gentleman, Mr. Burnette, and without objection all the witnesses, statements will be put into the record in full. Mr. Burnette.

STATEMENT OF DONALD E. BURNETTE

Mr. BURNETTE. Mr. Chairman, distinguished panel, it is an honor and a privilege for me to appear before this distinguished panel today and provide you with information on the Augusta VA Medical Center. Having recently been appointed as director of the VA Medical Center, I look forward to the challenges of managing the day-to-day activities of this major two-division hospital.

We provide high quality service to veterans residing in our catchment area and arrange for extended chronic and tertiary care pa-

tients to be transferred to our medical center. Our downtown division provides acute medical, surgical, and psychiatric inpatient care and both primary and specialized outpatient services. The downtown division has an authorized capacity of 420 beds which include 160 medical beds, 150 surgical beds, a 60-bed spinal cord injury service, and psychiatry and neurology services of 30 and 20 beds, respectively.

The uptown division provides acute, intermediate, and long-term psychiatric care as well as an intermediate and long-term medical care for eligible veterans of central Georgia and serves as a referral center for VA facilities beyond the central Georgia area especially in long-term psychiatric care.

The authorized capacity of the uptown division is 726 beds which includes 423 psychiatric beds, 90 alcohol treatment beds, and 213 intermediate medicine beds. At the present time, 88 beds at the uptown division are unavailable due to major construction projects. In addition, our 40-bed nursing home care unit is located at the uptown division.

The uptown division is currently scheduled for a badly needed replacement facility. Current plans call for demolition of several ward buildings predating World War II to be replaced by a modern facility including 410 psychiatric beds, 220 intermediate medicine beds, and a 120-bed nursing home care unit. We expect this facility with its up-to-date clinical and support services to provide a greatly improved therapeutic environment for this special group of veterans. We hope to activate the new facility at the beginning of the next decade.

During fiscal year 1984, the Augusta VA Medical Center had a grand total of 9,903 patient admissions, an average daily census of 834 patients, and an occupancy rate of 80.7 percent. Our affiliation with the Medical College of Georgia has been a benefit to both institutions. We are indeed fortunate to have on our staff some of the finest clinical specialists in the country.

Our medical center also has a very significant impact on the local economy in the greater Augusta area. Our overall fiscal year 1985 budget at Augusta is in excess of \$79 million. Salaries of employees alone constitute \$54.5 million, thus having the most direct impact on the local economy. I should also note, Mr. Chairman, that we have active sharing agreements with both the Medical College of Georgia and the Dwight David Eisenhower Army Medical Center at Fort Gordon.

Mr. Chairman, I would like now to focus on our specialized units. When we moved into the new downtown division we also entered a new era in the treatment of the spinal-cord injured. As you probably know, our spinal cord injury unit is 1 of 19 such facilities in the VA system. We service all of Georgia and large parts of Alabama, Tennessee, North Carolina, and South Carolina. Our hospital-based home care team consists of dedicated individuals consisting of a physician, nurse, dietitian, social worker and physical therapist visit the spinal-cord-injured patients and their families in their homes. These people help the patient and family to adjust to the difficulties of managing their special needs.

I would be remiss if I did not mention our research service which has a current budget—for fiscal year 1985 of \$1.48 million. As you

have noted from my comments, the Augusta VA Medical Center is a modern, up-to-date facility offering a complete range of health care services to veterans, families, and the community at large. Our projected construction project for the uptown division will greatly enhance our ability to provide modern psychiatric, intermediate, and long-term care to these veterans. We are looking forward and expect to continually improve in our goal of providing health care to veterans second to none.

That completes my prepared statement, and I will be pleased to respond to any and all questions any of the members may have.

[The statement of Mr. Burnette appears on p. 49.]

Mr. MONTGOMERY. Thank you, Mr. Burnette. The Chair will now recognize any Member for questions. Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. Mr. Chairman, I have a comment first and then I want to ask a question. I noticed with interest, Mr. Edgar, your statement that it is your belief that the stabilization of the inpatient workload is a direct result of the expansion of the outpatient program. I remember when Congress expanded veterans benefits substantially about 1970, and when veterans could come in and get outpatient treatment, it obviated the need for much hospitalization.

I think this is really the first time we have had a Director observe that direct correlation. And I think it is very important for us to know that. As we go around the country to these different hospitals, it is an important observation.

I will make another quick observation, looking at your program here, that a number of us were in a hospital in Fayetteville, AR, last Sunday. We went through there and they have a hospital which is 51-years old. It was established in 1934, the same type of well-constructed old building like you have here and it is much cheaper to the taxpayers to upgrade these hospitals. You are taking your wards now and turning them into private rooms and doing all the other renovations. This costs less than building a new facility. So we think that the VA and everyone is on the right track here.

My question is this Tuesday the House of Representatives passed a bill, H.R. 505, and one of the provisions of the bill would allow the VA to transfer veterans directly from VA nursing homes into the community nursing homes. As you know, the current law requires admission first into a hospital. How do you think this change will affect you if the bill also passes the Senate and if it is signed into law by the President?

Mr. EDGAR. My opinion is that that could help us. Nursing home care is a significant problem for us here in central Georgia. My nursing home essentially has been full for years and years. I think this would open perhaps a pipeline, you might say, whereby we could provide more nursing home care and expedite the nursing home care to our veterans.

For example, today I have a waiting list of about 55 veterans. I think we are fortunate in the State of Georgia, for example, at our facility we have over 50 community nursing homes under contract. At this point we are still able to get a nursing home care bed if we need it, so my opinion would be that if in fact that was passed that

it would help expedite the nursing home care for many of our veterans and that certainly is a need.

I do not have to tell you about the average age of our World War II veterans, so to me that would be positive and that would allow us to provide treatment to the nursing home care patients and expedite their treatment at a reasonable cost.

Mr. HAMMERSCHMIDT. Well, Mr. Edgar, I am glad to hear your professional observation because it is obviously the thought of Congress that there is a lot of bureaucratic shuffling in the old law. And with the advancing aging of veterans, it seems to be a better administrative procedure, but we do want to ask directors as we go around the country. Do you have any observations about it, Mr. Thompson?

Mr. THOMPSON. I might say that it, in fact, sort of legitimizes things that we have been doing simply as an expedient. It is a shame to have to readmit a patient to the hospital for the purpose of out placing him. This legislation takes out an unnecessary barrier. This also permits hospitals to focus on better utilization of beds within their own nursing homes to get back into the rehabilitation mode. I think it is much more flexible, and is a good move for us.

Mr. HAMMERSCHMIDT. Well, I thank you for your responses and your fine testimony. Thank you, Mr. Chairman.

Mr. MONTGOMERY. Mr. Evans?

Mr. EVANS. Thank you, Mr. Chairman. Mr. Burnette, you mentioned the post-traumatic stress disorder rehabilitation unit at the uptown division, can you tell us something about the workload characteristics in terms of length of the stays, the veterans treated and so on, and if the current 25-bed operating size is adequate for the demand?

Mr. BURNETTE. Let me start out by saying I do not think it is adequate, the number of beds. They have a very small number of these units across the United States. Our program averages in length sometimes 2 months, sometimes 4 months, sometimes 6 months, depending on the need. I am not familiar enough with it having only been here 2 months to say what the impact would be, but we are seeing a growing need for these type units across the United States.

Mr. EVANS. How about your relationship with the vet centers in the State or within your catchment area, how many centers do you have, and what is the working relationship you have with them?

Mr. BURNETTE. OK, we do not have one attached to the Augusta VA Medical Center. The closest one we have is in the Greenville, S.C., area and I have not had an opportunity to visit that yet.

Mr. EVANS. Thank you very much.

Mr. BURNETTE. Now if you go back in Rhode Island we moved the region Outreach Program from Montrose to Providence, RI. We work very, very closely with the Outreach Program, and I think it is a tremendous program. So I have had a lot of experience with it.

Mr. EVANS. Thank you, Mr. Burnette.

Mr. MONTGOMERY. I believe, Mr. Edgar, wanted to—

Mr. EDGAR. I would like to say that our Atlanta Hospital in Georgia does have a vet center there. I would like to say their vet center team has been very cooperative and they have made several

visits to Dublin to assist us with problems of the Vietnam era veterans. We do not have a vet center here in Dublin, but we do have contract money and we are able to contract for those services in the local community to assist us in that endeavor.

Mr. EVANS. One followup question. What is the training that you give to the contracting out psychologists or social workers? Are they receiving any specialized training in PTSD? One of the problems I think we have found is that even well-meaning, well-intended and well-informed people in the area do not always know of all the problems with PTSD.

Mr. EDGAR. It is my understanding that the people that we are under contract with hire special individuals with special qualifications to assist us with this.

Mr. MONTGOMERY. Mr. Bilirakis?

Mr. BILIRAKIS. Thank you, Mr. Chairman. Just to sort of hitchhike on the notation made by my colleague from Arkansas, Mr. Hammerschmidt, on the inpatient load having been studied, do you find that to be true of the entire southeastern region, Mr. Thompson?

Mr. THOMPSON. Yes, I believe so. We have been receiving probably more pressure than some other areas of the country with the migration of people into the Sun Belt, and we have had to maximize use of the outpatient program to obviate the need for care. I think it has been very effective. It does create resource problems, as you very well know, but it certainly has tended to stabilize the hospital admission somewhat. We still turn away in some areas more people than we would like to, but I would say that we have a very well-balanced program with the inpatient and outpatient components.

Mr. BILIRAKIS. Well you are turning away veterans for outpatient care, is that correct?

Mr. THOMPSON. That is right. We have not yet had to turn away many people for inpatient care, certainly not for resources. Basically if the medical need for hospitalization has been determined, even in Florida where we do have such tremendous pressure, hospitalization has been provided.

Mr. BILIRAKIS. In other words, even if it is not a service connected problem, if the care is needed you usually do not turn them away?

Mr. THOMPSON. That is correct. Now there has been a major growth—as the population increases there is a major growth in the percentage of service connected people treated as outpatients. In other words, if you were nonservice connected you had less access to outpatient care, but if an emergency is generated or an urgent need for hospitalization occurred, we have found very little evidence that it is generally a policy to turn anyone away in that condition.

Mr. BILIRAKIS. Mr. Chairman, I think these statistics are significant, and I feel it is necessary to do what we can to serve the veterans, to give them whatever medical care they may need, but there is only so much money to do it with and outpatient treatment certainly can be, and hopefully already is part of the answer. What the national statistics may be during these last few years in terms of whether the inpatient load is stabilizing as a result of the outpa-

tient treatment. We have got to concentrate on that area, so it would be significant to have all the statistics nationwide.

Mr. THOMPSON. As we try to bring services into areas that are underserved, we are still going to find a need to shift facilities and/or resources from one area to another. As you know, we have two additional hospitals scheduled for the State of Florida right now as a result of this. If we attempt to provide services with existing facilities, large numbers of veterans are left out.

Mr. BILIRAKIS. Well, I would just have one final question. There is a great awareness and a great understanding as a result of the fact that we are finally publicizing these things. Congress is learning more about it. There was a movie the other night, I think it was on CBS, on Alzheimer's disease. You know, there is greater understanding now and awareness. And I would ask, are our medical facilities in a position to be able to treat Alzheimer's patients?

Mr. THOMPSON. You know, there is a great deal of knowledge that still needs to be acquired. I would say probably the VA is one of the forerunners in the country in treatment of Alzheimer's disease. We have probably the largest contained workload of that category of patients in the United States, I am certain of that. Programs, of course, vary.

We have several research programs that are getting underway now, and our attempt would be to try to train the nursing staffs and the technical staffs to deal with people with these particular problems separate and apart from the normal psychiatric or traditional long-term treatment we provide. I would say that we are doing quite well. We need to do more.

Mr. BILIRAKIS. Mr. Edgar, would your hospital be in a position to treat an Alzheimer's patient if he or she were brought in, in the next few days?

Mr. EDGAR. We are treating patients with Alzheimer disease. I agree with Mr. Thompson, I think it is very important that we get additional training in that area, but we are currently treating those types of patients at our hospital here in Dublin.

Mr. BILIRAKIS. Have you had the same experience, Mr. Burnette?

Mr. BURNETTE. Yes, sir, we have a significant number. In fact, we have recruited a new chief of neurology and our new chief of psychiatry comes on July 1, and both of them are intertwined into this treatment area. We do have facilities and we are treating a large number.

Mr. BILIRAKIS. Thank you. Thank you, Mr. Chairman.

Mr. MONTGOMERY. Ms. Kaptur?

Ms. KAPTUR. Thank you, Mr. Chairman. I was very curious, Mr. Burnette, in your statement you talked a lot about your sharing agreements with the Medical College of Georgia, with the Dwight David Eisenhower Army Medical Center, and I wanted to kind of get you and Mr. Edgar to address the question in a little more detail. Could you explain to me how and why you moved into these sharing agreements? You have indicated in your testimony the areas in which you have them, and if you are anticipating more in other areas, either with these hospitals or others. Then I wanted to ask Mr. Edgar if you have sharing agreements with other institutions in this area?

Mr. BURNETTE. Yes, ma'am. The sharing agreements are fairly stabilized all over the country, except for the VA DOD sharing agreement.

Mr. MONTGOMERY. I think, Mr. Burnette, if you will just move the microphone closer to you, I believe it will work.

Mr. BURNETTE. We have had sharing agreements for years. When we have excess capacity or we do not have the capability to provide a needed service we can share services as long as we do not deny veterans care. If we have excess capacity in laboratory, radiology, or if we do not have the expertise we can go out and share with it. The sharing income now comes to the facility, including the DOD sharing.

In fact, I talked to Colonel Walls at Dwight David Eisenhower Hospital yesterady. We are going to enter a sharing agreement that has been approved by his people to do open-heart surgery for the Dwight David Eisenhower Hospital. They do not have this capability. So I see it as a future means of keeping things within the context. The sharing money comes directly to the facility. It does not go back into the general treasury. So we can actually increase our workload by using the sharing agreements.

Ms. KAPTUR. And what areas in the future would you be looking at for sharing agreements in terms of—you talked about audiology, radiology. Those have already been—you said open-heart surgery?

Mr. BURNETTE. Yes, ma'am, that is the next one that we are going to explore.

Ms. KAPTUR. Anything beyond that?

Mr. BURNETTE. There is a possibility. We purchase radiation therapy right now through an agreement. There is a possibility that we could work out something with Dwight David Eisenhower, if they could put in a linear accelerator or whatever for cobalt therapy, radiation therapy, that we could share that with them. So it would kind of be a wash. We would do their open-heart surgery. They could do our radiation therapy, and we would not have to purchase it in the community. So it benefits institutions when you have the sharing agreement.

Ms. KAPTUR. Thank you. Mr. Edgar, what about your operation here with any sharing agreements?

Mr. EDGAR. In that our hospital here is not affiliated, we do not have any sharing agreements. We are in the process of discussing the possibility of a sharing agreement with our local HCA hospital right now.

Ms. KAPTUR. Which hospital?

Mr. EDGAR. The HCA, Hospital Corporation of America, it is Fairview Park Hospital. They recently installed a CAT scanner, currently we have to go to Augusta to our VA Hospital to get that diagnostic service. We will be in the process of discussing with them the possibility of some sharing with respect to that. However, we really have no active sharing with that facility at this time.

I am glad to report that just recently we have been discussing the possibility of sharing with the Warner Robins Air Force Hospital here in Georgia, which is located in Warner Robins, about 50 miles from our hospital, as a matter of fact, this week we concluded an agreement, but it has to be processed through Washington, whereby the Veterans' Administration would provide to the

Warner Robins Hospital some consulting pathology visits from our hospital.

We would also share with them some radiology service in the form of consultation readings by our radiologists. For example, if their radiologist is on vacation or when ours, perhaps, might be on vacation they would have a reciprocal agreement with us to provide that same service. We also have reached a tentative agreement to provide some consulting medical records librarian assistance to them. They have agreed—tentatively agreed, I should say, to provide some audiology service to us for up to about 100 visits a year since we do not have that service here.

They have also agreed that they could provide some blood services to us; in fact, maybe up to 500 units of blood. And lastly, and probably more importantly, they feel that they can provide some OB-GYN services to us, up to perhaps 75 visits a year. So while we are not actively into sharing, we do have plans to get into the sharing arena.

Mr. HAMMERSCHMIDT. Will the gentlewoman yield?

Ms. KAPTUR. I will yield to the gentleman.

Mr. HAMMERSCHMIDT. A few years ago—3 or 4 years ago, Congress directed the VA and the military to start these sharing arrangements due to the leadership of our chairman who serves on the Armed Services Committee as well. My question is, if you enter into that agreement with Warner Robins, do they have a CAT scan over there?

Mr. EDGAR. No, sir, they do not have a CAT scanner.

Mr. HAMMERSCHMIDT. So they have to enter into sharing agreements for that?

Mr. EDGAR. Or else buy it somewhere.

Mr. HAMMERSCHMIDT. Thank you very much.

Ms. KAPTUR. Mr. Chairman?

Mr. MONTGOMERY. Will the lady yield also to me?

Ms. KAPTUR. I certainly will, Mr. Chairman.

Mr. MONTGOMERY. I understand that this hospital is named after Carl Vinson who was certainly one of the strongest military personalities that we have ever had. With these DOD/VA sharing agreements, we in Congress hope, and these Members present did have a lot to do with making this agreement into law, that the sharing agreement is pursued with vigor.

Working with the military, they have about the second largest hospital system in this country and it is a logical way to go. I know in Washington that Walter Reed became overloaded in radiology treatment and the veterans' hospital in Washington took on part of that load which worked very well. And as we keep mentioning, it is pretty fair to the taxpayers. We can work within the two systems and taking care of the patients both in the military and in the Veterans' Administration. Thank you, Ms. Kaptur?

Ms. KAPTUR. Thank you, Mr. Chairman. I just wanted to ask any of the witnesses here this morning, with the changes that were made in Medicare about a year and a half ago with—and the institution of the diagnostic review groups and prospective payment, I would like to know what impact that may or may not have had in the medical system here in Georgia.

You talk about the need for future nursing home care and so forth, have you seen any kind of impact as a result of the institution of DRG's?

Mr. EDGAR. At our hospital in Dublin, I do not believe we have seen any significant changes with respect to the nursing home area. In Georgia, we have been able to buy nursing home care beds for a number of years and I personally have not seen any significant changes with respect to that.

You mentioned DRG's—as part of my prepared testimony I mentioned that we had 125 registered nurses on our staff, and we currently have 121 of those positions filled. I think one of the reasons that we have been able to recruit additional nurses in the past year is because of DRG's. I think it has forced the private sector as well as the VA to tighten their operations and become more efficient. And as a result I think that has made in our area more RN's available for us. And we have had a great deal of success in hiring RN's in the last year or two. And I think some of that has to do with DRG's.

Mr. BURNETTE. I think it really varies from different parts of the country. Some parts of the country you have a very high concentration in the city of a number of hospitals. If there is a stable nursing home care unit for the entire city, you are seeing earlier discharges, shorter lengths of stay. Sometimes the VA has a very difficult time of placing patients into those nursing homes. Other areas are not having the same problem. I think it depends on the location.

Mr. THOMPSON. I might add that throughout the region it is a varying picture, but I would say you could typify it by saying that at the point in time a person exhausts his benefits in a private sector or reaches that trim point on the DRG we are finding almost immediately that these hospitals are contacting the VA to take those patients on if they require continued or longer term care.

So there is a certain amount of pressure that way. Also, there is a great increase in the numbers of available beds in the private sector in many of our cities. Florida, even with the population pressure it has, has a rather low occupancy rate in the private sector at this point in time and some of the services that are not as profitable under the DRG's are being curtailed in the private sector. People who can't afford to continue their care elsewhere will be coming to the VA. We have seen an increase in the applications as a result on a regionwide basis.

Ms. KAPTUR. Thank you very much. Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you. Mrs. Johnson?

Mrs. JOHNSON. Thank you, Mr. Chairman. I would like to ask all of you if you have any problems recruiting either nursing personnel or physicians. I notice in your testimony, Mr. Edgar, you mentioned that you have only four basic vacancies on the nursing staff at this time. Is this unusual? Are VA system facilities having difficulty recruiting hospital personnel?

Mr. EDGAR. As far as our entire facility, this is unusual. If I had talked with you 2 years ago, I would have probably told you that I had maybe 20 to 25 vacancies in my RN staff. So it is unusual at this time.

Mrs. JOHNSON. Do you attribute that to a change in demand in the private sector and the greater availability of our nurses as a consequence?

Mr. EDGAR. Well, I think the availability of nurses to a large degree is dependent upon supply and demand. As I stated before, I believe our recent success is a partial direct result of DRG's and tightening of private hospitals, therefore, making staff available for us.

Mrs. JOHNSON. How about your salaries, are they competitive?

Mr. EDGAR. Salaries are competitive. That is another reason we are able to recruit. In the past couple of years, we have devoted extensive time and resources to recruitment throughout the country, I might say. As far as physicians, in the last 6 months I have had approximately six vacancies on my—in my physician staff. We have found in the past 6 months the availability of physicians for our facility much improved, a much better picture in the past 6 months than if we looked at that same picture perhaps 2 years ago.

When I say that, I also say that a large number of physicians that we recruit are foreign born. When I say that, I also say that they are excellent physicians. The six vacancies that we have had, I would say had an average of three or four candidates per position. So we had a good quality and we were able to select the best from good quality.

Mrs. JOHNSON. Thank you.

Mr. BURNETTE. In Augusta we are actually over in RN's, but we have one special category that we have a difficult time recruiting. That is intensive-care unit nurses. So since I have been here about 6 weeks, we are starting a program to train our own. This is a very special type of nurse under very intense pressure with very seriously ill cases, and a lot of times there is a lot of burnout in this unit. So, we are attempting to train our own.

We are having no problem recruiting physicians. Of course, we have the Medical College of Georgia. That is a nursing school and the medical school. We have Augusta College which has a nursing school, so we have had very good success.

Mr. THOMPSON. I would add on a regional basis, 3 years ago—we were in dire straits as far as nursing recruitment was concerned. There had been a rather great increase in activism among the profession and salaries had gone up in the private sector. With the aid of Congress and the economic condition, we did become more competitive.

A lot of nurses who had been out of the profession raising families, and so forth re-entered, and then of course along came DRG's and some of the private sector facilities began maximizing their profit picture with the DRG's and actually cut staff.

So overall, the nursing picture is quite good. It is beginning to improve significantly on a regional basis along with the physician staffing. There are some particular rural settings where we still have considerable difficulty attracting people into the community. It seems as though once we get them there we do not have too much of a retention problem. So that is also a plus. I would say overall, the picture is much better.

Mrs. JOHNSON. Mr. Edgar, you had something to add?

Mr. EDGAR. I would like to make one more point. I think a significant reason we are able to recruit RN's is the retirement benefits that the Federal employee still has. I talk to each nurse personally when they come on board, I ask them, "Why are you coming to work for us?" And a lot of them tell me, "The retirement benefits in the Veterans' Administration are better than what we are getting in the private sector."

Mr. MONTGOMERY. Would the gentlelady yield on that point?

Mrs. JOHNSON. Yes.

Mr. MONTGOMERY. We have a number of employees from the Veterans' Hospital and from the Veterans' Administration. You have a lot of friends in Washington. A lot of rumors go around among the employees of the Veterans' Administration. This and that is going to happen, but we basically are going to protect your retirement, and we try to protect the number of employees in the Veterans' Administration so you can do a job.

In turn for the number of friends you have in Washington, such as the ones on this committee, you in the Veterans' Administration are going to have to work hard and do your jobs.

If you loaf, we find out about it eventually. So for our friends that are here today working for the Veterans' Administration, you have a lot of help in Washington, and we do protect your programs. In return, we want you to do everything you can for the veterans. And I know you will. Thank you for yielding, Ms. Johnson.

Mrs. JOHNSON. Thank you, Mr. Chairman. But there is one other subject that I want to pursue, and it reflects the same concerns as some of my colleagues. We do face a bulge in service needs among veterans as they age. As each of you commented in your testimony, most of you cited expansion plans seeking to prepare yourselves for this need, but following up on the question of my colleague from Ohio, Congresswoman Kaptur, and with the impact on the private sector of the DRG's, I wonder if any of you are re-examining your plans and consider sharing agreements with the private sector.

As beds open up, I know the figures, although I cannot recall them at the moment, are dramatic nationwide, and perhaps some of the psychiatric bed needs, or perhaps some of the in-patient care bed needs could be met by contracting with private sector hospitals in the region. Is that under consideration?

Mr. THOMPSON. I cannot say that it is under serious consideration at this time. The question is frequently raised and we deal with it on the local level. Quite frankly, when the folks in the private sector see the type of patient that we deal with, they find that they are not the type of patient that they are actively seeking. The treatment of the long-term, particularly the psychiatric and the elderly with multiple complaints, requires a substantial investment. We will look, I would say, particularly in the future, to utilizing, on a contract basis or lease basis, facilities that are available for use as opposed to building them.

I think it would only be good economics to use them, but there is no active planning at this time that I know of to contract out VA service and no broad authority to do so. There are limitations, of course, in the case of service-connected veterans, you can provide hospitalization on a contract basis where VA facilities are not readily available to them. We do that substantially already. As to the

nonservice-connected veteran, however, there is very limited contracting authority to place those people individually into homes or into private sector facilities.

Mrs. JOHNSON. Do any of the rest of you care to comment?

Mr. BURNETTE. I would only make one statement. When we look at our uptown division, it is very old, it is 106 acres. It is many, many buildings spread out all over the place. If we do not get the new building, we will never become efficient in the uptown area. This is primarily psychiatry, intermediate medicine which covers Alzheimer's disease. We have to treat these veterans in the VA in my personal opinion.

Mrs. JOHNSON. Lastly, in terms of substance abuse and alcoholic problems, there are an increasing number of community-based programs available. Do you have relationships with them? I understand here at Dublin there is such a program. Do you contract at all with those kinds of agencies?

Mr. EDGAR. Here in Dublin, no, we do not to the best of my knowledge contract with those people in Dublin. We have our own rehab program and we provide that care for our own program.

Mrs. JOHNSON. I did notice, Mr. Edgar, in your testimony that you are planning for a 90-bed psychiatric service for psychiatric and substance abuse problems. And I just wonder if in your planning you look at the available beds in the private sector as to whether those could be utilized?

Mr. EDGAR. As part of our planning process, we would certainly do that. My opinion is that the problem is significant enough here in central Georgia that it will take those beds at our hospital to meet the need.

Mr. THOMPSON. I might add to amplify on my earlier comment, at the present time one of the main reasons we haven't been too active in this area is that we feel that we can provide the services on a regionalized basis. For example, we look at Georgia and South Carolina as an entire medical district and admission policies to one hospital are designed to complement others. We include in that area Atlanta; Columbia, South Carolina; and Charleston, South Carolina along with the central Georgia facilities. We try to build our planning base so that it looks at the capabilities of each of these facilities in a complementary fashion.

At the present time our data would indicate that we can provide a full spectrum of care within our own facilities by moving things around cheaper than we could purchase it or lease it in the private sector. We also would prefer, if we ever lease in the private sector, that it be under VA management so that we can maintain the control over the quality of care.

There is one big difference that must be understood. When we compute costs in the VA they include all costs, the physician's salaries, any consultant expenses and so forth. In the private sector when they compare costs, it is usually a hospitalization cost, to compare raw data often is like comparing apples to oranges but it is obviously an area needing further study.

Mrs. JOHNSON. I appreciate the perspective from which you have planned and in the past I have supported that. In the present I am questioning it in my own mind because it has the disadvantage for the veteran of involving a fair amount of travel. In New England

the location of specialized facilities has really imposed, in my estimation, enormous hardship on some of our veterans in the winter or in the cold, rainy spring when the rain is icy.

Many of the people in my district travel very hilly, rugged regions and access has become a very serious problem. So as we plan for a bulge, I believe that perhaps we are doing too much planning within the system and not enough without. There is a limit to how much access we can provide concentrating on expanding our own facility, although I understand Mr. Burnette's comment very clearly about your facility in Georgia.

I believe that we do have a very important obligation to keep our centers up-to-date, and to have advanced medical centers because they provide an enormous amount of good care, but also some very significant research. But I am concerned that now our planning looks to strengthening within our own system because access for older vets is a big, big problem out there in the real world.

Mr. THOMPSON. It certainly is. I will say this is needed in all of our planning both public and private. As a matter of fact, I will be issuing regional planning guidance just this afternoon with a message that has already been prepared to go out, but we are again stressing the importance of increasing community involvement in our planning process. We have made a great stride, in the last 2 years in having community involvement, and I would see this continuing.

(Subsequently the Veterans' Administration provided the following additional information for the record:)

The suggestion that VA change its planning perspective and rely generally on contracting for care to meet the anticipated growth in future veteran demand is not consistent with VA's statutory framework. To date, Congress has significantly limited the extent to which VA may contract for veterans' care. See 38 U.S.C. § 601(4)(C). Moreover, as a matter of agency policy we question the merit of the philosophy of contracting out or "mainstreaming" veterans' care.

Mrs. JOHNSON. Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you, Ms. Johnson. The Chair recognizes the gentleman from Minnesota, Mr. Penny.

Mr. PENNY. Mr. Chairman, I have reviewed the testimony carefully, and I do not have any questions for this panel at this time, and I yield my time to my colleague, Mr. Rowland.

Mr. MONTGOMERY. Thank you very much, Mr. Penny. We have taken some time with these witnesses, but I think it is very important that we get the people who run the programs to share their views. The Chair recognizes Dr. Rowland.

Dr. ROWLAND. Thank you very much, Mr. Chairman. I do have some questions I want to ask, but I think in the interest of time that what I will do is submit these questions to our panel, I think that we have had some very good discussions here, but Mr. Chairman I would yield back any time that I might have so that we might move along.

Mr. MONTGOMERY. Well, thank you for helping the Chair.

Mr. HAMMERSCHMIDT. Mr. Chairman?

Mr. MONTGOMERY. Yes.

Mr. HAMMERSCHMIDT. I would just ask unanimous consent that any member of the panel be allowed to submit questions for response to our record.

Mr. MONTGOMERY. Without objection, so ordered, the members can submit questions to the panel. So thanks to our witnesses. As you have mentioned, Mr. Thompson, you three gentlemen will be around to help us if we get questions from the audience or from our two panels, later on.

The Chair would like to invite to the witness stand, Mr. "Bubba" Akin, the area supervisor, Department of Veterans Services, State of Georgia; Mr. Zeigler, who is the hospital representative from the Department of Georgia, the American Legion; and Mr. Billy Brazwell, the Adjutant, Department of Georgia, the Disabled American Veterans. We are very proud of our veterans' organizations. As our witnesses come forward, the Chair would like to state that we can do a better job in Washington for you if you have strong veterans' organizations across the country. If you do not have them, then we have our problems getting our legislative programs passed. We need the veterans' organizations.

Mr. Akin.

STATEMENTS OF A.V. "BUBBA" AKIN, AREA SUPERVISOR, DEPARTMENT OF VETERANS' SERVICE, STATE OF GEORGIA; WENDELL ZEIGLER, HOSPITAL REPRESENTATIVE, DEPARTMENT OF GEORGIA, THE AMERICAN LEGION; AND BILLY BRAZWELL, ADJUTANT, DEPARTMENT OF GEORGIA, DISABLED AMERICAN VETERANS

STATEMENT OF A.V. AKIN

Mr. AKIN. Thank you, Mr. Chairman, and before I begin my remarks, Mr. Chairman, let me say to you and to your colleagues our commissioner, Pete Wheeler, reminded me to wish you the best and to express his regrets that he could not be with you. He is en route home from the Holy Land this morning, and he asked me to remind the colleagues of J. Roy Rowland, that you people obviously think a great deal of him, and we in Georgia, the veterans in Georgia, learned long ago while he was in the General Assembly that he is a champion of veterans.

Mr. MONTGOMERY. He certainly is and thank you for saying that. Pete Wheeler is a good friend of ours, and I know that other than the Holy Land, he would be back here today. So you tell him hello for us and we look forward to working with him in the future.

Mr. AKIN. He would indeed be right here, Mr. Chairman.

Mr. Chairman and members of the subcommittee, it is my pleasure and honor at this time to have the opportunity to appear before this distinguished body on behalf of Commissioner Pete Wheeler and our State Department of Veterans' Service.

With 25 field offices located in south central Georgia, we are vitally interested and concerned about the quality and quantity of health care being delivered to veterans in our area and the State at large.

Many of these offices are within the Dublin primary service area and are confronted with constant problems assisting eligible veterans seeking VA medical care at this facility and elsewhere.

Since our department is supportive of all efforts to strengthen the professional services of VA Department of Medicine and Surgery, we wish to express full support of Director William Edgar,

here at Dublin, in his continuing efforts to upgrade facilities and services on this station.

Mr. Chairman, we shall first offer comment on the urgent need for construction of an ambulatory care building as proposed by Mr. Edgar. Our State service officers report a daily increasing need among aging veterans for outpatient ambulatory care that could then be provided.

Second, we recognize a great need for the proposed 120-bed nursing home care unit. The present 86 nursing care beds are most inadequate for rapidly increasing demands in this important area of health care, where hundreds of aging Georgia veterans are being denied admission and treatment.

I would be remiss, Mr. Chairman, if I failed to convey to this committee, that our professional service officers, most familiar with operations here at Dublin, are unanimous in fully recognizing a most urgent and immediate need for a psychiatric service and full funding of the alcohol treatment unit.

With the addition of the requested 120 nursing beds, the present 86 beds could be converted to use in the above services at nominal cost. And finally, Mr. Chairman, let me remind the committee that we in southwest Georgia are vitally interested and supportive of the proposed establishment of a VA outpatient clinic in Albany, GA. Please give us your cooperation and assistance when this matter comes before you for approval.

We know very well the dedication and interest of the members of this subcommittee and the entire Committee on Veterans' Affairs. And we are confident that this body will continue to responsibly address the genuine needs of Georgia veterans, their dependents, and survivors.

Thank you again for giving us the opportunity to present our views at this time.

[The statement of Mr. Akin appears on p. 51.]

Mr. MONTGOMERY. Thank you, Mr. Akin. The Chair recognizes either one of those gentlemen that would like to—Mr. Brazwell, are you—or Mr. Zeigler, either one. You do not have to make a statement now, but if you have one we would like to have it for the record.

STATEMENT OF WENDELL ZEIGLER

Mr. ZEIGLER. Mr. Chairman, and members of the subcommittee, the American Legion, Department of Georgia, is appreciative of this opportunity to present its views on the quality and quantity of health care delivered to the veterans in central and south Georgia.

Before addressing specific items, let me say that the American Legion continues to be the largest veterans organization in the Nation. This is also true here in Georgia where we represent more than 40,000 veterans of the four American wars of the 20th century, residing in this State. That being so, we believe our voices should be heard in the halls of the U.S. Congress, and we appreciate the opportunity this committee now gives us.

We of the Legion are much concerned, Mr. Chairman, that thousands of Georgia veterans of World War II are approaching advanced age with its various infirmities that require them to seek

disability and medical benefits for the first time. This situation, along with the recent congressional interest in providing increased health care for the aged World War I veterans, former prisoners of war, and the Vietnam veterans, is creating a tremendous demand on the VA health care system, including the Carl Vinson VA Medical Center, and has resulted in a long waiting list for nursing home care unit beds.

This demand is compounded by the fact, regardless of what others may think, that the greater majority of our veterans seeking medical treatment from the VA are poor and are unable to pay for needed medical care in the private sector. In excess of 30,000 outpatient visits are expected at this facility in 1985, which constitutes a 290-percent increase since 1971 and a 28-percent increase since 1981. Authorized staffing has not increased, consistent with this increased workload, which from our perspective identifies a critical problem: shortage of staff.

Mr. Chairman and members of the subcommittee, through our daily association with the staff of the Carl Vinson VA Medical Center, we feel confident that quality care is being provided our veterans, but we are concerned that the increasing numbers seeking medical care is becoming critical for the existing facility. The Director, Mr. Edgar, is dedicated to providing quality care and has thus far done an exceptional job in dealing with the increased demand on his medical facility.

The concept of doing more with less is a commendable managerial technique, to a point. At some point, this technique is doomed to failure, more cannot be done with less. Mr. Chairman, we feel the staff of the Carl Vinson VA Medical Center is at or very near that point. Congressional support to improve the facility for handling present and projected medical needs for the growing numbers of central and south Georgia veterans is desperately needed. We fully support the needs outlined by Director Edgar, and ask for your support in funding the planned new ambulatory care addition, the 120-bed nursing home care unit, and the 90-bed psychiatric unit.

Mr. Chairman, the American Legion, Department of Georgia, has been mandated for the past 5 years to support the establishment of a VA outpatient clinic in Savannah, GA, for our coastal area Georgia veterans. There are an estimated 70,000 veterans in the Savannah area that must travel great distances at high costs and inconveniences for medical care at VA medical centers in Charleston, SC; Decatur, GA; and Dublin, GA.

We have been advised that VA Administrator Harry Walters has approved this clinic, but funding has not been approved by the U.S. Office of Management and Budget. Mr. Chairman and members of the subcommittee, we urge your support in obtaining a release of these funds for this badly needed clinic, which is estimated to handle 22,000 outpatient visits annually.

In closing, the American Legion, Department of Georgia, does not seek more from the Federal Government than we believe are the just dues of the men and women from Georgia who have answered the call of the elected Government to defend the national interest in the Armed Forces. We know well the dedication and interest of members of this subcommittee and of the entire Committee on Veterans' Affairs in ensuring for the legitimate needs and

care of our disabled and sick veterans. We commend your dedication and your efforts.

Thank you again for the opportunity to present our views.

[The statement of Mr. Zeigler appears on p. 52.]

Mr. MONTGOMERY. Thank you very much for a very fine statement, Mr. Zeigler. The Chair would like to recognize now Mr. Brazwell from the Department of Georgia, Disabled American Veterans. Mr. Brazwell.

STATEMENT OF BILLY BRAZWELL

Mr. BRAZWELL. Mr. Chairman, it is pleasure and honor at this time to have the opportunity to appear before this distinguished body on behalf of the 18,000 disabled American veterans in Georgia. It is an honor to represent those 18,000 disabled veterans, many of them which use this medical facility.

Mr. MONTGOMERY. Mr. Brazwell, get a little closer to the microphone please.

Mr. BRAZWELL. In February, our national commander, Chad Colley, testified before you and Mr. Hammerschmidt, of the problems faced by the disabled veterans of this country, the problem that is created by our aging veteran population. I can truthfully say that the experience that I have had with the Carl Vinson VA Medical Center has been excellent.

In dealing with other disabled veterans, I have been told time and time again of the excellent treatment received at this facility. They have also spoke of the concern and the friendliness of the doctors and staff.

An incident the other day that pretty well sums it up. A widow contacted us in applying the PIC benefits. This lady was a registered nurse of many years at a hospital in a nearby city. She stated that her husband received better treatment than he would, better treatment here than he would have if he had been in the hospital where she is employed and she also stated that the hospital was a lot cleaner.

I am amazed each time I come to this medical facility at the service that is being provided to this country's veterans with the limited resources they have. The Disabled American Veterans echo the statements made by Mr. Zeigler and Mr. Akin on the need for the nursing home, for expanded facilities and increased funding. We owe it to our veterans because America is No. 1 thanks to our veterans.

Mr. Chairman, it is my pleasure to appear before you. I will keep my comments brief. Thank you very much.

Mr. MONTGOMERY. Thank you for a very fine statement, Mr. Brazwell.

Mr. MONTGOMERY. The Chair would like to recognize the State commander of the Veterans of Foreign Wars, Department of Georgia, Commander Culpepper who has another engagement, so the Chair is taking the privilege of moving you up to this panel and at this time we recognize the commander.

**STATEMENT OF COMDR T.D. CULPEPPER, VETERANS OF
FOREIGN WARS, DEPARTMENT OF GEORGIA**

Mr. CULPEPPER. Thank you, Mr. Chairman. I, as State commander of the Veterans of Foreign Wars, the Department of Georgia, I am honored to have this privileged on this rare occasion to appear before this committee, representing the 34,000 members of the Veterans of Foreign Wars and its ladies auxiliaries.

I would like to take this opportunity to welcome Hon. Sonny Montgomery and all the other Members of Congress who are with us today, and especially our own J. Roy Rowland.

I have visited this hospital as a VAVS worker every month for the past 14 years, and as State commander, I have also had the opportunity to inspect all three of the veterans' hospitals and its nursing homes in Georgia. I feel there is a great need for continuing an adequate VA pension—excuse me, VA budget which will take care of the needs of our disabled and aging veterans, both service and nonservice connected.

The World War II veterans are reaching an average age of 66 now, which is a time in our lives when medical attention is going to become necessary. We hope, Congressman Montgomery, that you and your colleagues will recognize this need and will continue to back the Veterans Program in the future.

We are in desperate need of at least a 120-bed nurse care unit and an outpatient building in Dublin. We hope that you will see the need first hand while visiting this facility today. We feel that the Carl Vinson Center, under the very capable leadership of Mr. William O. Edgar, is one of the finest VA medical centers anywhere, and the members of the Veterans of Foreign Wars urge you to allow this facility to continue operating at its high standard.

Again, I want to thank you for allowing me to appear before this distinguished committee.

[The statement of Mr. Culpepper appears on p. 53.]

Mr. MONTGOMERY. Thank you, commander, for your to the point testimony.

The Chair would like to go back to Mr. Penny now since he did not ask questions of the last witnesses, and then to J. Roy Rowland.

The Chair recognizes the gentleman from Minnesota.

Mr. PENNY. Thank you, Mr. Chairman. It is good to hear from the leaders of the veterans organizations here in Georgia.

Do you feel that the program for veterans suffering from post-traumatic stress syndrome has been sufficient to meet the need for that valuable service here in middle Georgia?

You have one center at Augusta that, I think, has 90 beds for that purpose, I am not positive—but are you satisfied that you have an adequate outreach for that, dealing with that program effectively throughout the State?

Mr. ZEIGLER. I personally am aware of some of the traffic we have with PTSD, and I feel confident that they are handling it. We have had teams come in from the Atlanta area. I believe they do have the capability of contracting out to the State mental health agency locally here, for some of the cases.

They have a referral program to Augusta. If the problem continues to grow, we are going to need some help.

Mr. PENNY. Anybody else want to answer that at all? Please do if you have something to add.

Mr. AKIN. I would like to say, sir, speaking on behalf of some 25 field offices that I supervise in south Georgia, we find that this subject is one that has a lot going for it, and we understand as working service officers that each case is going to have to be developed on its own merits.

We are not having any real flack coming in. I think that it will move forward, and I recognize the need, I recognize the presence of the situation. But I am personally of the opinion that the people designated are doing a good job of handling it.

Mr. PENNY. Unless others want to answer that question, I am still not clear exactly what type of veterans' health care is available in Savannah. I know you are waiting for a clinic there, but you must have some type of facility to contract arrangement in that region already.

Who can tell me what we have?

Mr. AKIN. Yes, sir. Just a few days ago in the medical advisory planning meeting in Augusta, Mr. Fred Cofer, the director at Charleston, outlined his plans for the Savannah Outpatient Clinic. It does, indeed, include, and he is staffing, I believe, this week, the outreach clinic in Savannah.

He gave us information at that time with the name of the doctor in charge, the psychologist in charge. That, in fact, is in operation now, and we will be anxiously awaiting development for plans for the outpatient clinic.

Mr. PENNY. Well, had there been anything at all in terms of any kind of veterans' services in that Savannah area up until this point?

Mr. AKIN. Yes, sir. Our State Department of Veterans' Services maintains a field office, the largest field office in our entire department is located in Savannah.

Mr. PENNY. But any veterans that have needed health care must be referred outside Savannah up until this outpatient clinic development?

Mr. AKIN. That is correct.

Mr. PENNY. There is nothing at all there?

Mr. AKIN. That is right. As you heard earlier, they had to go either to Charleston or into Decatur, in Atlanta. A long distance either way.

Mr. PENNY. Well, I am glad to see that something is moving forward there for that large population of veterans. It sounds to me as if the Savannah area has as many veterans as I have in my entire congressional district. So, we sympathize with the need for that kind of clinic.

Mr. MONTGOMERY. Thank you very much, Mr. Penny.

Dr. Rowland.

Dr. ROWLAND. Thank you, Mr. Chairman. I do not have any questions, just a comment.

You focused on the aging veterans' population and the need for nursing home beds, and we hear this most everywhere we go, and it is something that we need to keep in front of us at all times.

The chairman mentioned earlier today a problem that we will deal with. The basic budget constraints that we have now, it is going to be more difficult to deal with that problem, but it is something that will be dealt with as we have to.

Mr. Chairman, I will not make any further comment or questions at this time; just to thank all of you.

Mr. MONTGOMERY. The Chair will not go down the line again, but will recognize any Member that might have questions of our witnesses.

Mr. Bilirakis.

Mr. BILIRAKIS. Mr. Chairman, I have no questions.

I just wanted to express the fact that I marvel at the compliments from these veterans' organizations regarding particularly the Dublin Center here. We have attended many field hearings, and I have never heard, frankly, from the veterans' organizations, the compliments that I have heard here today about this center.

And I compliment you, gentlemen, but I particularly compliment Mr. Edgar and his entire staff.

Thank you, sir.

Mr. MONTGOMERY. Yes, Mr. Akin?

Mr. AKIN. May I say to the gentleman, if it were otherwise, we would let you know it also.

Mr. MONTGOMERY. Well, I am sure when we open the floor, that we will get some veterans that do have some problems. I do think your testimony here this morning, has been rather rewarding. This is all part of your job.

The Chair recognizes anybody else who would like to comment. Mrs. Johnson.

Mrs. JOHNSON. I have no questions, but I do wish to make a comment that I constantly make to my own people in Connecticut, your counterparts, but also because I know there are a number of post commanders in the room. I can hardly overemphasize that you, through your national organizations, serve an enormously important role in the work of this committee.

We do rely on you, because you are out here and on the front line with your people and with our facilities. And any of your commanders, through their own posts and their contacts with the veterans in their towns, feed, through you, the kind of information that is so important for us in formulating the policies that will serve the veterans of the Nation in the future.

I just commend you on your work. I know the dedication that your testimony here this morning reflects. And I want you to know how very useful your input today and your national organizations' input in Washington is to us. I thank you.

Mr. HAMMERSCHMIDT. Mr. Chairman?

Mr. MONTGOMERY. Yes, Mr. Hammerschmidt.

Mr. HAMMERSCHMIDT. Just very briefly, I wanted to associate myself with the remarks of Nancy Johnson.

You know, we really couldn't run our VA Committee, I do not think, without the help of the Veterans of Foreign Wars and the DAV who serves a very selected clientele. And let me say that tomorrow night, Saturday night, I am going to be with your very esteemed Comdr. Chad Colley in Little Rock, where the State of Arkansas is going to honor him.

He is a great, great national commander, as was Dennis Joiner before him. So, thank you all very much, and we are sorry Peter could not be here today, but we know that his heart is here.

Thank you very much.

Mr. MONTGOMERY. Ms. Kaptur.

Ms. KAPTUR. Thank you, Mr. Chairman. I do have a question which I was holding, kind of thinking Nancy Johnson of Connecticut might have followed up on.

I wondered if any of the gentleman who are at the table right now have any reaction to her earlier questions concerning the need for the Veterans' Administration to look at the available beds in the private sector, any new types of sharing arrangements with the private sector?

I was surprised none of you commented on it during the time that you were at the mike.

What are your thoughts in that regard?

Mr. CULPEPPER. Well, I will tell you, I do not want nothing to do with anything that would hurt our VA medical centers throughout this country, and I think if they—and I have seen this try to happen right here in Georgia—where they tried—some of these hospitals tried to start taking over our VA patients and wanting to get—well, I think they probably built too much hospital, and they are now having empty beds, and they want to get it.

Of course, I would rather have all of us under one roof, so to speak.

Mr. AKIN. I asked Commander Culpepper to speak first to that because he is more familiar. Our Georgia State Department of Veterans' Services is vehemently opposed to any hospitalization of veterans in private facilities. These hospital and hospital boards, some of them have overbuilt and they are desperate.

But we see in this, any action on this part, would be the beginning of the demise of the Veterans' Administration as we see it, and we are opposed to it, and we will fight it to the last straw.

Mrs. JOHNSON. Will the gentlelady yield?

Ms. KAPTUR. I will be happy to yield to my colleague.

Mrs. JOHNSON. I do appreciate you pursuing this. I did not pursue it because we had a comment on it.

But I do want to make absolutely clear that I agree with you that we must do nothing to weaken the VA system, and that we should continue with those efforts to modernize and strengthen the VA system.

What I see happening in my district is people now aging, having serious medical needs, which they are not prepared financially to manage. One of my small towns, which is about an 1½-hour drive from the nearest VA hospital, is in very hilly territory, where they have a very fine small hospital.

Now because we in Washington have frozen Medicare rates 3 years in a row, and because this hospital has 64 percent of its clients dependent on Medicare, it might be useful for them, and it might be useful for us to enable some of the elderly veterans in that area to use that hospital.

It is not that we are going to reduce demand on that hospital an 1½ hours away, because they are not using it, they are simply going without the care if they cannot afford it.

So I appreciate the point you are making. I do think that we should have the capacity in the Nation to look at this challenge and the enormous number of new aging vets that we need to be thinking about, and not let our fear of looking at new approaches—the fear that that might erode our current system—prevent us from evaluating the possibilities in this approach.

In the very small rural areas where there are some good small hospitals, current public policy in America is going to make it very difficult for them to survive. There are veterans out there needing service who will never be served by our system for all the reasons that you are so well aware of and I am aware of.

And I pose this question, and I hope you will have the courage to think about it, without letting the very real fears that you referred to prevent careful consideration—and I appreciate the fact that you have good reason to feel that way—but I do hope that we can pursue this issue deliberately and thoughtfully.

Mr. MONTGOMERY. Any other comments?

Mr. Culpepper.

Mr. CULPEPPER. Just one for Mrs. Johnson.

I just want to tell you, Mrs. Johnson, this, that I have been here many times and brought people down here, and if you cannot find a good veteran to help take them folks to the hospital, you let me know and I will come up there and help them get there.

Mr. MONTGOMERY. We want to thank the panel. You have been most helpful. You have certainly created some interest with your testimony, and we invite you to stay around.

If you have to leave, we understand it. But thank you very much.

The Chair would like to invite to the witness stand our last panel today, and then we will open up for some questions. I believe we can finish up at 11:30.

Mr. Terrell Beardon, the national service officer for the Department of Georgia for AMVETS; Mr. Ed Chastain, national senior vice commander, Military Order of the Purple Heart; and Mr. James Cox, who we invited to testify earlier and we did not hear from him, but he has asked to be here today, and we are very glad to hear from him also, from the National Association of Atomic Veterans.

And I will leave it with whichever has seniority there. They are very polite in Georgia, we cannot decide here.

Mr. Chastain.

STATEMENTS OF TERRELL BEARDON, NATIONAL SERVICE OFFICER, DEPARTMENT OF GEORGIA, AMVETS; EDWARD W. CHASTAIN, NATIONAL SENIOR VICE COMMANDER, MILITARY ORDER OF THE PURPLE HEART; AND JAMES COX, NATIONAL ASSOCIATION OF ATOMIC VETERANS

STATEMENT OF EDWARD W. CHASTAIN

Mr. CHASTAIN. Mr. Chairman, it is an honor for me to be here before this committee today. We appeared before you up in Washington in February. I do not have too much to say, we are a very small organization, as you know.

Mr. MONTGOMERY. I was out in Missouri, I believe, or Kansas, when you had your—

Mr. CHASTAIN. Kansas City, sir.

Mr. MONTGOMERY. You might talk right into that mike, too.

Mr. CHASTAIN. We are a very small organization, we have less than 300 members in the State of Georgia, at this time. We have no department; we will have one the 22d of next month, we are forming that department.

But I represent the members of the department of Georgia, and also 1 out of 30 veterans that received Purple Hearts.

One thing I would like to comment on is the wonderful care we get in Augusta at our VA facilities there. And I hope the panel supports uptown division upgrading 100 percent, because it is badly needed.

There is a three-part question I would like to ask. What is planned for the older veterans who are not service connected? They have been treated for approximately 40 years, now are being cut off of medication. Also, their outpatient care is being suspended.

That is my three-part question.

Mr. MONTGOMERY. Say that again. I am sure I want to hear that again.

Mr. CHASTAIN. One of the questions is, what is being planned for our older veterans, nonservice connected. Also, they have been treated for approximately 40 years and are being cut off of medication. And their outpatient care is being suspended.

Mr. MONTGOMERY. The veteran has to pass a test based on income, based on age, based on the color of his veterans' card, to get in the veterans' hospital. But it was made clear to us everywhere we go that the hospital administrator has instructions, whether the veteran is nonservice connected or not, if this veteran is sick and hurt, and cannot afford to pay that he will be admitted in the veterans' hospital.

I do not have a very good answer to Medicaid-Medicare in that I am not that familiar with the recent changes. But most veterans are admitted, if they are sick and the doctor can diagnose it.

And I know we have a problem that will be discussed pertaining to Mr. Williams.

Mr. HAMMERSCHMIDT. Mr. Chairman.

Mr. MONTGOMERY. Yes, sir.

Mr. HAMMERSCHMIDT. Mr. Chastain, your question sort of presupposes that a lot of things have happened to these veterans. As we have gone around the country, we do not find that actually occurring to a great degree.

Whatever statistics you could provide this committee, we would be very interested in them because most hospital directors tell us that they turn away no inpatients.

As you know, in the 1970's, as was mentioned here earlier, Congress changed the law, and opened up medical treatment to a much broader group of veterans, who are nonservice connected. So there they took on a great commitment. And the resources, even though we spend \$28 billion a year on veterans' programs, with \$9 billion in the medical area, have not been broad enough to allow every section of the country to cover every person who wants outpatient treatment, unfortunately.

But if you can provide us with some statistics here in middle Georgia, for this area, to what the impact is here on people being turned away, we would be very interested in that.

Mr. MONTGOMERY. Why do we not go on now and move to Mr. Beardon.

[The statement of Mr. Chastain appears on p. 64.]

STATEMENT OF TERRELL BEARDON

Mr. BEARDON. Thank you, members of the committee. I have a statement that I will read here.

We appreciate your interest in the veterans in central Georgia.

Let us begin by saying that AMVETS, Department of Georgia, is very satisfied with the quality of health care delivered to the veterans in central Georgia. The biggest complaint that we receive is in regard to the distances that the veterans in southeast Georgia has to drive in order to receive health care that they need.

For several years now, the veterans' organizations in Georgia have been asking for an outpatient clinic in Savannah. It is our opinion that the clinic is needed and that an outpatient clinic in Savannah would satisfy the complaints of the veterans that they have to drive long distances for their medical treatment.

A critical problem facing both the quality and the quantity of health care delivered to the veterans in central Georgia is what to do about the aging veteran. This problem is especially critical to us since we live in one of the Sunbelt States and expect a large number of aging veterans to migrate to Georgia.

When these veterans were discharged after World War II, they received a promise of a grateful Nation that their disabilities would be taken care of by the VA, and that they would be entitled to hospitalization at the VA. We would not renege on that promise.

With this in mind, we fully support the plans of the VA Medical District, and the long-range plans of the Dublin Medical Center. Thank you.

Mr. MONTGOMERY. Thank you, Mr. Beardon, you do have a written statement here that also helps us.

You have a strong organization, and in Washington you are going to dedicate some bells up there in August in your national headquarters. Some of us will be there.

[The statement of Terrell Beardon appears on p. 53.]

Mr. MONTGOMERY. The Chair would like to recognize Mr. Cox with the National Association of Atomic Veterans.

STATEMENT OF JAMES COX

Mr. Cox. Mr. Chairman, distinguished members and friends, the Atomic Veterans seeks no special favors, simply justice. Atomic veterans are those who are exposed to ionizing radiation from nuclear weapons testing during the period beginning with the Trinity blast on July 16, 1945, in Alamogordo, NM, and continuing the U.S. cleanup in Nagasaki and Hiroshima during the 235 atmospheric nuclear weapons testing in the Pacific, and the test sites under the Nuclear Test Ban Treaty in 1960.

Approximately 250,000 U.S. servicemen, as well as civilian personnel took part in a variety of tests during this period of cold war,

when the Department of Defense, working in conjunction with the Atomic Energy Commission ordered troops to participate in and witness the detonation in the Pacific and Nevada. Most detonations were large and gave off considerably more deadly radiation than those bombs dropped on Japan.

The Government was interested in learning the effects of nuclear weapons on the performance of military personnel and equipment. Troops and ships, as well as a variety of equipment were placed 2 to 15 miles from the center of each detonation and participants were ordered to perform various maneuvers in the open without protective clothing or respiratory devices.

The ill atomic veteran is forced to bear the full cost of expensive medical treatment in addition to supporting a family. Many of these men have been forced to live on welfare. The purpose of the National Association for Atomic Veterans is to assist these veterans in obtaining Government recognition and VA health care.

Mr. Evans, along with one of his colleagues, Senator Simons, I believe, has a bill that will be awfully important to the Atomic Veterans, should you feel you could support that.

The fallout in Idaho and Utah brought about recognition to the ranchers for killing sheep and cattle and large payments therefore, which was authorized, and I presume has been paid.

As a matter of the Operation Greenhouse Enewetak in 1950, we had moved a great number of the natives of Enewetak down to Kwajalein. These natives, which numbered approximately 2,000, were awarded in excess of \$200 million for radiation fallout, and they were approximately 350 to 400 miles removed from the actual blast itself.

With that, these are just thoughts that I wanted to throw out about what the atomic veteran is faced with. Congress saw fit to pass Public Law, I think, 92-92 or 90-72—I am not real good with numbers, but you all know that the law is.

They have found from a medical survey, that the atomic veteran suffers from early death, paralysis, loss of hearing, skin disease, bone deterioration, muscle weakness and deterioration, blindness, brain tumors, emotional problems, lung problems, internal disorders, heart problems, high blood pressure, blisters and boils, rectal bleeding, blood in the urine, chronic headaches and a ringing in the ears—tinnitus.

They have over here in numbers that they broke down, over 700 responses, the number of each type is indicated. Each one of you have a copy of it, I will not read that to you since you have a copy.

I would like to thank you for this opportunity to give you an idea of the atomic veteran. I did want to mention that all the requests are not pleasant and all for them are not good.

I have about 40 examples here where the veterans have written me in Georgia that are having problems getting in the hospitals for the atomic test to see what sort of radiation each one has. They seem to have problems getting the test, they seem to have problems with the standardization of it.

One here writes that they take a urine sample and a vial of blood that was his test, according to what he writes in his letter.

Mr. MONTGOMERY. Why don't you pick out three or four of those letters and put them in the record. I prefer not to put all 40 in there, it will become a very expensive item.

Mr. Cox. I will take a few off the top.

Mr. MONTGOMERY. OK, you can just take those from the top.

Are you through now?

[The letters appear on page 57.]

Mr. Cox. No, sir; I have one other thing that I would like to do.

On behalf of the National Association of Atomic Veterans, we would like to extend our Humanitarian Service Award to our chairman, G.V. Montgomery and our Congressman J. Roy Rowland.

Mr. MONTGOMERY. Well, I am sure glad that you had something else there.

The Chair recognizes the gentleman from Georgia.

Dr. ROWLAND. Mr. Cox, thank you very much for this award. And may I say that this week, I introduced House Joint Resolution 295, which will proclaim July 16, National Atomic Veterans Day.

Mr. Cox. I would like to thank you for that, sir.

Dr. ROWLAND. Thank you.

Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you, Mr. Cox, that was well done.

Mr. Hammerschmidt.

Mr. HAMMERSCHMIDT. Mr. Cox, we thank you very much for your testimony.

Three or four years ago, as you know, we enacted the public law you referred to. I do not remember the number of the public law, but it was H.R. 1961, in the House.

As you know, it provided a disability allowance for those veterans who were exposed to atomic testing or who were present at Nagasaki and Hiroshima.

And the diseases that it spoke to for disability were leukemia, cancer of the thyroid, and a rare bone marrow disease. And, of course, it put a diagnosis limiting date on them, as you know.

Now that probably did not go far enough and that is the point of your being here today. It is hard to figure out what the Nation's responsibility is, to meet that responsibility and still protect the taxpayers of the country.

As you mentioned, Senator Simons, who was a House member, Mr. Simons from Illinois, previously, and Lane Evans of this committee, have been active in pursuing further remedies. So I think it would be appropriate if I could yield to Lane Evans, to let him comment on anything he would like to say here today.

Mr. EVANS. I appreciate your testimony today. We really salute you in making the invisible atomic veterans more visible to the people of this country. My father is an atomic veteran himself, the same thing that you indicated as far as the incident, the operation that you were involved in, happened in Operation Crossroads.

The natives were removed far away from the scene and now are receiving the land back, I guess, after all these years of being transitioned into land where they were resettled from. And they have received significant payments.

It is time that our veterans themselves that were on the ships and in the localities, receive the same help, particularly since so

many of them are suffering from those illnesses associated with their exposure to the atomic testing, and to their exposure to being in Nagasaki and Hiroshima shortly after the bomb went off there.

I am very pleased that my senior Senator initiated that legislation. I am very pleased that as the son of an atomic veteran, that I have been able to add my name now that my Senator has moved from the House to the Senate, as the House's main sponsor.

So, I am very pleased. And I salute you for your testimony today.

Mr. Cox. Thank you, sir.

I think that I should write our national committee and suggest that they send six more humanitarian service awards, and I think I will do that.

Mr. MONTGOMERY. I know you will, Mr. Cox.

Are there any other questions or comments from the Members of Congress, before the Chair will open up for questions from the floor.

Go ahead, Tim.

Mr. PENNY. I just have one comment or question for Mr. Cox.

I think we have mutual friend. Do you happen to know Russell Dann of Albert Lea, MN?

Mr. Cox. I certainly do.

Mr. PENNY. He is a great leader in your cause and I have been working closely with him on this issue; and I just wanted to make that remark.

Mr. Cox. Thank you.

And one other thing for the record, if I may.

Of the atomic veteran claims filed so far, seven have been recognized out of the numbers into the thousands of claims. And I am sure all of you are familiar with the statistics.

Thank you.

Mr. MONTGOMERY. Thank you very much. We thank our witnesses, and we hope you stay in the room for a few more minutes.

The Chair has been notified that the State commander of the American Legion, Curtis Higginbotham, is in the room. He does not want to say anything, but we would like to have Commander Higginbotham stand up and be recognized.

Without objection, we will now open the floor up, but first the Chair would like to recognize Mrs. Greenway for any statement she would like to make at this time.

Mrs. Greenway, I believe, you can just stand up there and if you can speak up—maybe you ought to come up here, whatever you want to do.

Ms. GREENWAY. Do you mind if we come up? I would be more comfortable.

Mr. MONTGOMERY. You sure can.

Just use that microphone, and talk right into the microphone.

STATEMENT OF PAT GREENWAY

Ms. GREENWAY. Mr. Chairman, can you hear me—members of the committee—

VOICE. We cannot hear you.

Mr. MONTGOMERY. You have to lean right into it.

Ms. GREENWAY. Mr. Chairman, members of the committee, we appreciate your listening to Mr. Harrell and me.

Mr. MONTGOMERY. Why do we not swap that other mike over there.

Ms. GREENWAY. I appreciate your letting us take up your time.

I want to say thank you, Congressman Rowland, for your support. We are here in behalf of Donnie Gene Williams.

Mr. MONTGOMERY. Why do you not just hand her the microphone; just take it out of there and just let her hold it.

Ms. GREENWAY. This is not at all in character for me to come forward with a complaint.

I feel like we have to talk about this due to the death of Donnie Gene Williams. Hopefully, this type thing will not happen to another veteran, and that is why we are here.

Mr. Edgar has been most cooperative, the hospital investigating committee is working on this at this time, and I will be meeting with them this afternoon.

I am still involved with this very emotional over this incident, and you will just have to bear with me, I am extremely nervous.

I simply do not understand why Donnie was not admitted at the hospital that night. He had so many physical problems along with alcoholism. And this is why we are here, because we hope this will not happen again.

The physical problems that we know about definitely were high blood pressure, grand mal seizures, emphysema, asthma, and, of course, alcohol abuse. He had had a seizure in my presence, and one 2 weeks prior to his death in the presence of Mr. Harrell.

The way we became acquainted with Donnie 7 weeks ago was that Social Security in Atlanta called us and asked that we look in on Donnie's situation. The situation was bad, he was drawing a \$66 a month—this was his total income, that was a 10-percent disability check, and we are going to try to help him get SSI.

We started working on food stamps, we went to the Veterans' Service for advice, to Easter Seals, and people were beginning to help us. We were beginning to make good progress with Donnie. As a matter of fact, such good progress that he had decided that he was ready to go in for alcohol and drug rehab.

When we went to Donnie's home, he could not walk. He had no use of his legs. His hands were beginning to draw.

Mr. MONTGOMERY. Ms. Greenway, why do you not identify yourself?

I should have asked you to identify yourself and also the gentleman at the witness table.

Ms. GREENWAY. This is Mr. Boston Harrell. I am Pat Greenway. We are here as concerned citizens.

Mr. MONTGOMERY. You just were a friend of—

Ms. GREENWAY. We were called by Social Security. How they got our name, we are not real sure.

Mr. MONTGOMERY. But you are not working for any agency?

Ms. GREENWAY. We do work, Boston, and I do work for an agency, we work for the Alcohol and Drug Rehab Center, but it was not connected in any way.

Mr. MONTGOMERY. OK.

Ms. GREENWAY. I assume Donnie got Mr. Harrell's name and Social Security got Mr. Harrell's name through Donnie because he had known him in the past, and I think he put him down as a reference. And Mr. Harrell called me and asked me if I would look in on the situation which I did.

Then, as I said, I found these conditions. He could not walk, his hands were drawn, he had no food in his home, his phone had been disconnected, his electricity had been cut off.

We started doing everything we could to help rehabilitate Donnie and on the Saturday before he died on Monday, I called his home and he was stuttering and stammering and I noticed that his breathing appeared labored.

I then called Mr. Harrell and asked him if he would go by and look the situation over. He did and called me and we discussed it and we felt like it was time for Donnie to go into a hospital for treatment.

We felt that if we could get him into the hospital and they could see the physical problems and, of course, the alcohol abuse, that after he was straightened out, maybe then he could go into the 30-day extended treatment program and work toward a sober lifestyle.

We talked to Donnie about this, and he agreed, but asked if we would wait until Monday as Mother's Day he was in hopes some of his family members would come and see him.

He had a bad time that day, he had chest pains and he called me about 6:50 p.m., Sunday night and asked, "Pat, would you please take me to the hospital? I am very sick."

Well, I knew that Donnie was sick to ask me to take him to the hospital, because he really did not like to go to the doctor.

I called Boston, and we went down to Donnie's house at approximately 7:25, took him out to the hospital together, parked in the emergency entrance, went in, and waited at the desk for a few seconds. No one was there.

We then went to the television waiting area and there was a man in a white uniform sitting in the television area watching TV. He leaned over and asked if he could help me. I said I had a patient in my car that needed assistance, he cannot walk and we need a wheelchair.

He leaned over and pointed at several wheelchairs. Mr. Harrell and I got the chair, went out and got Donnie into the hospital. This man weighed 200 pounds and he could not walk. This was quite a problem, and we had no assistance.

We rolled him in, and another man in plain clothes came out. They asked for Donnie's VA card, then they brought his records out. I assume he was a nurse, he was in a white uniform, who said to me there are no beds available in the alcohol-drug rehab—on the alcohol ward.

I said, well, you know, a doctor needs to see him and possibly he could go on another ward. In a little while we went to the sitting area. A gentleman in what appeared to be scrub clothes came through swinging doors, passed us and went down the hall. I got up and went to get a drink of water, and I could see the man in the white uniform taking Donnie's vital signs.

I went back and sat down and in a matter of 5 to 10 minutes, approximately, the same man in the scrub outfit went back

through the swinging doors, and in a few minutes rolled Donnie up to us. The man in the white uniform said to us, "You'll have to bring him back in the morning, there are no beds available on the A&D unit."

I said, "Please take him because this is really a problem to get this man to and from this hospital, I fear he will go into seizures, I feel he will go into withdrawal DT's, and I really hate to take him out of here." He said to me, "This probably would not happen for 24 hours." He said, "His alcohol content is only 0.24, his blood pressure is good." I think he said it was 130/90, vital signs were fine.

He said I would advise you to get him out here early in the morning because they will be dismissing some patients and he will have a better chance of getting into the hospital. He said if you should bring him back, if you should return him as late as after lunch, it is doubtful he will get in.

I said do you promise you will take this man when we bring him back, and he said, I cannot promise you anything, that is the doctor's decision.

With that, we took Don and took him back to the car, and took him home. He said he would be ready early the next morning.

The lady companion living in his home, told me the day he died that he had vomited blood when he came home, he had chest pains, and said: "I do not know if he will make it through the night."

When Mr. Harrell went down the next morning to pick Donnie up and bring him back out to the hospital at 6:30, he called for Donnie and he did not answer. His companion went in and found him slumped in the wheelchair in his kitchen. They both went in and determined he had died then, or was dying when Mr. Harrell was on the porch.

STATEMENT OF BOSTON HARRELL

Mr. HARRELL. Mr. Chairman, my name is Boston Harrell and I am a band director of public schools. I have done volunteer work with a number of various agencies in this area, and I assume this is the reason why Donnie listed my name as a reference because I had worked with him 2 or 3 years prior.

I will not recap what Ms. Greenway said, but I would like to cite this, that we are not here to hammer anybody or get even with anybody. We are just concerned about what is going to happen to other veterans.

Now my experiences with the VA hospital have been that several years ago I was a patient out here, and as a patient I will never forget my venture in the admission ward.

A doctor sat there and questioned me with probing questions. Some things I was able to tell him because through his questions it was brought back to me some things that I possibly would have forgotten.

This gave a better understanding of my problems. It took him 2 or 3 hours to get things arranged so that my problems could be addressed. Eventually, I was sent to Augusta.

I came back, and was here for a while and then released. I am happy to state that I sit here today, one of those aging veterans

that you are talking about, but in a very healthy state. So I appreciate that effort.

Not at any time did I ever get the feeling that I was receiving treatment less than empathetic and sympathetic, and very compassionate.

My concern is that this type policy in treatment continues. I felt that at least in this instance this type of attitude was not exhibited toward Donnie, and I would like to say this, that it is inconceivable to me that Donnie, who has had this problem with alcoholism was refused admission because he was not drunk enough.

Just Wednesday night I had an individual to tell me that he came and received the same type treatment. Then he went across the street to a liquor store there, got soused up, and came back, and they took him for 42 days.

He is not here today, but he said that if anybody wanted to corroborate that statement he would be glad to do so. I am just concerned about the treatment that we all are going to receive.

Mr. MONTGOMERY. Well you both make excellent witnesses and there is no question of the sincerity that you have shown here. I do not think at this time that the subcommittee could get into the investigation itself, and we have Congressman Rowland who will certainly follow up on this. There is an investigation that, by the laws of the Veterans' Administration, when something happens like this there has to be an investigation and the board has been appointed and it will make a report back in 2 weeks about this particular case.

But without objection, as chairman of the full committee, I will ask the Chief of Medical Services in Washington to also have an investigation and also work through our committee and through Congressman Rowland to follow up on this very serious situation.

Mr. HARRELL. May I make one other brief statement?

It is also inconceivable to me, and I hope to whoever has the authority and will listen, that a man, a Vietnam veteran, could sit in his home and try to exist on \$66, and eat bread and gravy, and all these agencies involved in this area and none of them trying to help him. I just cannot understand that.

Mr. MONTGOMERY. Well, you know, it is not only veterans. We have other agencies of the Government that should have this responsibility.

My point is I would not lay the total blame as far as this particular situation on the Veterans' Administration. A lot of this is based on income and we would certainly like to see what his income was and what his problem was in that area.

But if there are no objections, we will ask that the Chief of Medical Services, the No. 1 person in the medical field for the Veterans' Administration, to also look into this matter and to work with Congressman Rowland, who is on the committee. This is his hometown, and I certainly know that we will get some complete answers about this very, very serious situation.

Mr. HARRELL. Thank you.

Dr. ROWLAND. Mr. Chairman, if I may make one comment?

Mr. MONTGOMERY. Yes, sir.

Dr. ROWLAND. I just want to thank you and Boston for all that you do to help our veterans, especially for focusing on this and

coming here today. I know you did not come here to complain, as you stated, just to focus attention on what is a most unfortunate incident.

I have asked Mr. Edgar at the conclusion of his investigation to provide us with some answers, and I am very pleased that the chairman is going to institute some committee in Washington to look at this also.

Thank you very much.

Ms. GREENWAY. Thank you.

Mr. MONTGOMERY. Thank you.

Time has run out.

The Chair would recognize maybe one or two individuals in the audience and that will conclude the hearing.

Dr. ROWLAND. Mr. Chairman, if I may bend your ear just a moment?

If there is anyone that has a personal problem with the Veterans' Administration and they want to talk about it, I have two or three representatives here on the front row.

I think that probably we ought to address the general issues, and not individual problems.

Mr. MONTGOMERY. Right.

Why don't those staffers maybe stand over there? We will be through in just a few minutes. Over there now, and then individuals can see those staffers, and then that would help us on individual cases.

Also, Mr. Kenneth Staller sent a card up earlier that he had something he wanted to comment on.

Mr. Staller, Yes, sir.

STATEMENT OF KENNETH STALLER

Mr. STALLER. Thank you, ladies and gentlemen. My name is Kenneth Staller, I am a 73-year-old veteran. I have 23 years service, and like President Reagan said, I have seen three wars in my time, and I have served in two of them.

I have an ileostomy, which this hospital will not give any supplies for.

Mr. MONTGOMERY. You have what?

Mr. STALLER. An ileostomy.

Now prior to this, I was a patient in Richmond, VA, at the veterans hospital, and they operated on me and performed this ileostomy. For 16 continuous years they took care of me in all needs. That was for 1960 through 1976.

In 1976 I transferred to Georgia. In Richmond, they told me just to come here to this hospital and they would take care of me.

I did that after a few months, but when I asked for ileostomy supplies they said I was not entitled to them, that I was a fourth class priority veteran. I had 40-percent disability. I have been in here one time, and they made a slip and they did issue me some supplies, but since then I have been denied.

Mr. MONTGOMERY. Your question to the subcommittee is to help you with this certain type of medicine, is that correct?

Mr. STALLER. Well, according to the way I read the law under Federal benefits for veterans and dependents, in here under pros-

thetic compliances, it states that they will give them to you as part of outpatient care to complete treatment of disability for which hospital care was provided.

Well, I was provided with 16 years of service.

Mr. MONTGOMERY. Yes, sir, well, OK, we will get on that, and the people here have heard your statement, and I am sure they will follow up on it.

We will bring it to their attention and they will talk to you right after this meeting.

Thank you very much.

Maybe we will have one more.

Let us take that gentleman back there, then we will get you, and then we will end it up.

Yes, sir, do you want to state your name?

STATEMENT OF HAYWARD RYE

Mr. RYE. Mr. Chairman, my name is Hayward Rye. I am a veteran of the U.S. Army. My question is addressed to the committee.

Who must I go to to find out the appropriate authority to get what the U.S. Army has decreed, and given orders on, and get it enforced against the VA?

Public laws states that any injury incurred in or aggravated by military service is compensatable and mine—I have been denied and lied to for 25 years. I am not the only veteran that has this problem. There are many that do and are getting around.

What we need to know is who can we get to help us with these problems, where we are denied yet it has done been decreed by the Army?

Mr. MONTGOMERY. Have you taken this up with Mr. Rowland's office?

Mr. RYE. Yes, sir, Mr. Rowland's office has tried to assist me, but the VA still gives the runaround and they take and play on words. They will not face the point of law.

Mr. MONTGOMERY. Well, we will certainly look into it, and that is one advantage that never closes out a claim. You can always continue to file it, and you are just going to have to come up with additional information to relate it to that problem you have and they will take a look at it.

We thank you very much for being here, sir.

Mr. RYE. Thank you, sir.

Mr. MONTGOMERY. Thank you.

The lady will be the last one there.

STATEMENT OF JOAN BELEAU

Ms. BELAU. My name is Joan Beleau. I am an employee here at the VA medical center. I have been employed for 8 years, I work in supplies. I would like to address everyone here who is here because of an interest in health care for our veterans.

My concern for veterans has brought me here. Veterans are our business.

Mr. MONTGOMERY. Talk right into that mike. Just pick the mike up out of there.

Ms. BELEAU. In the case of Donnie Williams, I had a similar experience happen a good while ago when I was present at the admitting office trying to get a veteran into the hospital on a Sunday. He was told to come back on Monday. Luckily, he did not die.

I had really heard from different people that this had improved as far as so many being turned away on the weekends. I feel that alcoholism is one of the biggest causes of admission and readmission to this facility and on weekends.

Now where I am coming from, as an employee and concerned citizen, and also I am recovering from the disease of alcoholism, I am an alcoholic, I have a personal interest in people that have the disease of alcoholism.

On weekends, there seems to be a need to look at the facility as far as the procedures and the understaffing of the people in the admitting office is concerned.

Over the weekends we should really expect more alcoholics to be brought in, and I will tell you why. This is my personal experience. I have taken alcoholics to hospitals for 13 years voluntarily. On my own time because somebody helped me when I needed help.

We have a State alcohol program here. For many years we did not have a 24-hour program. There were several times that I picked up female patients and took them into my home and gave them medication while they were being detoxed because I have had this kind of experience working one-on-one with people—with alcoholics for 13 years and on weekends.

Now this incident I referred to earlier happened a little over a year ago. What stirred me so was that he was a 100-percent service-connected disabled veteran. His wife had brought him over here and I did everything in my power to get him in.

They drove all the way from Cordele. A lot of times the reason you should expect more alcoholics to be brought in on the weekend is because alcoholics that are still fortunate to have their families—and a lot of alcoholics do not, they have lost all their family support—but the ones that are still fortunate to have their family, maybe the only time she can bring them in is on Sunday, because during the week a lot of them are having to work in factories in order to keep the house going.

They cannot take off annual leave like I was allowed to do today and still get paid, and so they make it until the weekend when they can come and it will not burden their financial status that is already a burden. And from my personal experience, I have brought patients in on the weekend that did not have family support. And so, we should expect more people with the disease of alcoholism to be brought in on the weekend.

I wonder how many are admitted on the weekend. I wonder what the weekend statistics are compared to Wednesday. That is one of my concerns, and I feel like that is something that needs to be looked at.

Also, now we have a real good alcohol-drug treatment program here. One of the problems, which I understand that really keeps them from being more affected, is the fact that it is not central office funded.

But I have talked with people on the staff, and we do have a caring staff on the alcohol-drug program, and also the sobriety maintenance program here.

I have been real pleased with the changes that people have shared with me, and it has been constructive, positive changes, concerning helping the veterans with the disease of alcoholism.

I feel we need an employee education regarding treatment of alcoholism. We need orientation, I feel like, for employees.

We could do this through our employees assistance program here. You can reach people by educating them.

I was an employee at Robins Air Force Base. I was drinking every day, and I did not know what my problem was. In a little pamphlet that was sent around to all of the offices, symptoms of alcoholism were listed and the only thing I remember reading at this time—and I was a very sick individual, but I was working—was it listed blackouts, and explained what blackouts were, and I identified with it.

They told me later that I kept going back to the pamphlet. I do not remember it.

But, you see, you begin to educate people, and I did not know I was an alcoholic. I did not know what my problem was, but reading a little piece of literature helped me.

So, I feel like we have a lot of caring people here at the VA, and I have enjoyed working here, but we do in different areas, and I see it in the area of alcoholism, we have a problem of indifference. We have a problem of misunderstanding, and also we have a lack of awareness of the disease concept.

Thank you very much.

Mr. MONTGOMERY. Thank you. That was very courageous testimony, and I am certainly glad the Chair did recognize you.

Mr. Edgar is here who is the director of this hospital. If there seems to be a problem on weekends it ought to be corrected, and your testimony has helped. And these veterans that you might mention, they ought to go to Dr. Rowland's office on these individual cases and he will followup on them.

And we do have an alcoholism problem throughout the veterans hospital system. It is one of the things we have had a hard time attacking and it is probably getting worse.

Thank you.

Ms. BELEAU. Thank you.

Mr. MONTGOMERY. If no other members have any comments, we are getting ready to close the meeting, but the Chair will recognize the gentleman—those two gentleman there.

VOICE. Mr. Congressman, and Dr. Rowland, if I ever get discharged from the VA Medical Center, which I hope I do not, this is my home, do you still recognize these health cards after you are 65 years old?

Mr. MONTGOMERY. Yes, sir, we have not changed the law on that.

VOICE. I believe I am still paying a premium on it, but I wanted to find out.

Mr. MONTGOMERY. You are 65 or older?

VOICE. I am 71.

Mr. MONTGOMERY. All right, well, we are going to take care of you, so quit worrying about it.

VOICE. Thank you.

Mr. MONTGOMERY. We are going to hear you, and this is it. You look like you have good voice, so speak up.

Mr. WOOD. My name is Abner Wood.

Mr. MONTGOMERY. Are they taking care of you here at the VA hospital?

Mr. WOOD. I need help.

Mr. MONTGOMERY. Why do you not——

Jackie, why do you not help us out here and maybe find out what his problem is, and then we will talk to him later on?

Well, we are here to help you and we will help you.

Now if there are no other comments from the members, I now declare this meeting of the Subcommittee on Hospitals and Health Care in Dublin, GA on May 24, 1985, I declare it now closed.

APPENDIX

STATEMENT OF HON. G.V. (SONNY) MONTGOMERY, CHAIRMAN (ACTING), SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE, DUBLIN, GA

Good morning. The subcommittee will come to order. It's a pleasure to be in Georgia at the request of one of our finest members of the Committee on Veterans' Affairs. Believe me, Dr. Roy Rowland's a "peach" of a Congressman, and you are fortunate to be represented by such a dedicated, effective gentleman!

Before hearing our witnesses, I want to introduce you to members of the Subcommittee on Hospitals and Health Care for any comments they may wish to make. As chairman of the full committee, as well as acting chairman of the subcommittee, I want to express my appreciation to these members for taking time from their busy schedules to be with us today. I might add that I don't think I've ever seen so many members at a field hearing—it's a real tribute to Roy Rowland.

On my right is the ranking minority member of the full committee and the Subcommittee on Hospitals and Health Care, John Paul Hammerschmidt of Arkansas. John Paul's cooperation and leadership contributes in large measure to the successful bipartisan operation of the Committee on Veterans' Affairs John Paul.

On my left is Congressman Lane Evans of Illinois. Lane is a Vietnam veteran and a real asset to our committee. Lane.

On my right is Congressman Mike Bilirakis of the State of Florida. Mike and Congressman Dan Mica are always reminding us how many veterans move to Florida each month.

Congresswoman Marcy Kaptur of Ohio is serving her second term in Congress and she has been a very hard working members of our committee. Marcy.

Congresswoman Nancy Johnson of Connecticut is also serving her second term in Congress, and is a real addition to the committee. Nancy.

Next is your own very able Congressman, Roy Rowland. His experience and medical knowledge have proved to be invaluable to our committee. Roy.

Last, but by no means least, is Congressman Tim Penny of Minnesota.

Tim's interest in the VA's State Home Program has brought about some innovative changes in that program. Tim.

We are here this morning to receive testimony on the quality and quantity of health care delivered to the veterans in central Georgia. We want to hear what the veterans who use the VA Health Care Delivery System think about it. During the last Congress, Chairman Bob Edgar of the Subcommittee on Hospitals and Health Care held field hearings in each of the six medical regions which comprise the VA National Medical System to obtain a national view of this system, which is the largest health care system in the western world.

With the mounting Federal deficit, there is great pressure on the Congress to reduce Federal spending.

The veterans' budget is at risk to to receive reduced resources in the fiscal year 1986 budget, along with all of the other agencies and departments of the executive branch. If funds are to be reduced, my committee colleagues and I must be very careful to ensure that the medical benefits for eligible veterans are not affected.

Additionally, along with this era of austere budgets, we have the growing requirements for medical care by our aging veteran population. In 1980, 3 million veterans were over the age of 65.

By 1990, this number will more than double, reaching 7.2 million. By the turn of the century, veterans over 65 will number more than 9 million.

They will be coming to the VA for health care more often because of their age, and their length of stays in hospitals will be longer. So, as you can see, the members of this subcommittee and our full committee must be very informed on these important issues if we are to provide the Congress with legislative remedies which are effective and appropriate. To obtain the needed information, it is necessary for our

members to get out into the field and hear what VA hospital personnel and veterans have to say about the system.

Hopefully, with the information obtained at this hearing, as well as others, we will be able to address these significant problems in an effective manner.

Our first witness this morning is Mr. Donald Thompson, Director of the Southeastern Region of the VA's Department of Medicine and surgery.

With Mr. Thompson is Mr. William O. Edgar, Director of the Dublin VA Medical Center, and Mr. Donald E. Burnett, Director of the Augusta VA Medical Center. Mr. Thompson, you're getting to be an old hand at this after Mobile and Niceville. It's good to have you back for a third time. Please proceed as you see fit.

TESTIMONY OF DONALD B. THOMPSON, DIRECTOR SOUTHEAST REGION, DEPARTMENT OF MEDICINE AND SURGERY VETERANS ADMINISTRATION, DUBLIN, GA

Mr. Chairman, members of the select subcommittee, we appreciate having you join us in medical district 9 to discuss the quantity and quality of health care services provided to eligible veterans in central Georgia. I am pleased to have the opportunity to provide you with an overview and to respond to any questions you may wish to pose.

Joining me today are Mr. Donald Burnette, Director, VA Medical Center, Augusta, Georgia; and Mr. William Edgar, Director, VAMC Dublin, Georgia who will also provide statements.

In reviewing the question of the quantity and quality of health care services provided to eligible veterans in central Georgia, my testimony and that of my colleagues will speak to plans we have developed which are, of course, subject to review in the budget process. Those plans are, therefore, necessarily preliminary in nature, although we are happy to share them with you.

To serve the veterans of Georgia, we provide care through a network of facilities in medical district 9, which is comprised of VA Medical Centers in Augusta, Georgia; Charleston, SC; Columbia, SC; Decatur, Georgia; Dublin, Georgia; and at VAMC Lake City, FL, which serves the 19 southern most counties of Georgia in medical district No. 12.

Veterans of central Georgia receive the majority of their care from Augusta and Dublin. In addition to these two very excellent facilities, a satellite clinic is being planned for Savannah, Georgia. A Member of the VA's Office of Construction visited VA Medical Center Charleston, May 15 through May 17, 1985, to review program and space requirements for the proposed clinic. Our present plan would permit activation of the clinic in fiscal year 1988 if appropriations are approved. The clinic is planned to accommodate 22,400 visits annually by 1995.

The medical centers serving central Georgia provide, between them, a full range of primary, secondary, and tertiary care that compares favorably, in quality, to that found anywhere in the health care industry, public or private sectors. VA Medical Center Augusta is affiliated with medical college of Georgia, and provides highly specialized services such as open heart surgery, cardiac catheterization, spinal cord injury services, and the like, as well as acute and chronic, long-term psychiatric and nursing home care. VA Medical Center Dublin offers acute, primary and secondary care in medicine and surgery, extended hospital care, and nursing home care. Dublin also provides domiciliary care for veterans requiring minimal medical care in a structured and protective social environment.

Currently the Veterans Administration is authorized to operate 1,351 hospital beds, 126 nursing home beds, and 344 domiciliary beds in these medical centers. They employ 2,853 full time equivalent employees and their budgets for fiscal year 1985 are \$79,221,623 and \$29,681,605, respectively. In addition, VA Medical Center Augusta has \$1,480,150 in VA-funded research.

The 2,853 full time equivalent employment includes 465 FTEE registered nurses and 112 FTEE physicians. The medical school affiliation at Augusta increases the physician staffing level by 39 FTEE who serve as house officers. The central Georgia hospitals are fortunate in being able to recruit nurses, except for very specialized areas such as intensive care, particularly at Augusta.

This fiscal year the medical centers will accomplish projects totaling \$997,000 in the non-recurring maintenance and repair program. The medical center at Dublin is 40 years of age and has been undergoing extensive renovation for the past several years. The uptown or Lenwood division at Augusta, which houses long-term psychiatry, is scheduled for replacement construction in fiscal year 1987, subject to appropriation of funds. If funding is made available, the replacement facility could be activated in late 1990.

Presently, there is an estimated 200,190 veteran population in the central Georgia counties: 5% of these veterans are women; 0.5% saw service in WWI; 35% from WWII; 24% during Korean war; and 37% are Vietnam veterans. At present 15% are over 65 years of age and by 1995, that percentage is expected to increase 25%.

The veterans of central Georgia are availing themselves of our services. During fiscal year 1985, we expect to treat 11,640 inpatients at Augusta and 5,480 at Dublin; and to record 101,730 and 36,830 outpatient visits, respectively. Applications are expected to total 35,150, exceeding last year's level by 14.4%. In central Georgia, the percentage of veterans who are service-connected, receiving outpatient care, is 45.3 percent.

Overall, Augusta and Dublin are maintaining occupancy rates of 79.3%. Outpatient workloads are 8.6% above plan. They are both current and timely in processing ex-prisoners of war and agent orange examinations.

The approved MEDIPP plans, generated by the medical district initiated planning program, call for new programs as follows:

At Augusta the plans include day hospital, pulmonary rehabilitation program, a 120-bed nursing home care unit as part of the replacement project at the uptown division, adult day care, hospital based home care, an enhanced stroke unit and an oncology unit. At Dublin the plans include conversion of existing space to provide psychiatry services, expanded outpatient services and a 120-bed nursing care unit.

Since 1974, there has been a 36.5% increase in the number of inpatients treated and a 137% increase in outpatients treated by the central Georgia hospitals. In recent years, however, it has been necessary to limit access to care on the basis of eligibility priority groups. Consequently, the percentage of service-connected veterans treated as outpatients has risen by 10% since 1981.

Georgia like other sunbelt areas is experiencing growth in veteran population, while the country as a whole has a declining veteran population. To address increasing demands I have made funding adjustments within the southeast region which have brought \$427,443 recurring and \$1,780,942 non-recurring to Augusta and \$264,434 recurring and \$507,590 non-recurring to Dublin since 1982. In addition, the department of medicine and surgery's resource allocation system has shifted \$376,760 from less productive facilities, to help these centers meet their patient service demands.

We continue to seek ways to contain and reduce costs of operations. Programs are being reviewed to determine if the most appropriate utilization of resources is being accomplished. Computerization of the administrative functions of patient admission, transfer and discharge, as well as pharmacy, has been accomplished and when fully developed, refined, and implemented, should produce economies to permit assignment of more staff time to other critically needed duties.

This concludes my formal remarks. I wish to express my appreciation to the subcommittee for the opportunity to appear. I will be pleased to respond to any questions you may have.

TESTIMONY OF WILLIAM O. EDGAR, DIRECTOR, VA MEDICAL CENTER, DUBLIN, GA

Thank you very much, Mr. Chairman, I want to start by saying that for me personally it is a pleasure to appear before you and the subcommittee today as a representative for the Carl Vinson Veterans Administration Medical Center in Dublin, Georgia, and it is indeed an honor for our medical center to host this very important hearing on the quality and quantity of health care delivered to the veterans of central Georgia. On behalf of the patients and staff I welcome you to Dublin and our hospital. We have looked forward very much to this meeting with you and your distinguished colleagues.

The Carl Vinson Veterans Administration Medical Center, Dublin, Georgia, is one of the three Veterans Administration's hospitals located in the state of Georgia and it is our pleasure and duty to serve approximately 118,000 veterans in a 52-county area of south central Georgia.

Our mission, simply stated, is to provide the very best of quality medical care in a compassionate and sensitive manner to the veterans of central Georgia and those referred to us from other areas within the resources available. It is also a responsibility that we provide this medical care in the most economical and cost-effective manner without sacrificing quality.

We feel we provide excellent quality primary and secondary medical care to the veterans who come to us for their health care needs. We arrange for tertiary medical care with our sister hospitals in Augusta and Atlanta. We have an excellent relationship with these facilities and referrals are made on a daily basis for their assistance in providing subspecialty care.

The Carl Vinson Veterans Administration Medical Center, currently operates 301 general medicine and surgery hospital beds, 86 nursing home care unit beds, and 344 domiciliary beds.

We have employment level of 731 full-time equivalent employees to staff our services. Thirty of those employees are physicians. Our nursing service ceiling is 265 of which 125 are registered nurses. We currently have 121 registered nurses on duty with only 4 vacancies at this time. Our recruitment of registered nurses has improved dramatically over the past two years. Although no psychiatry beds are available in Dublin, I'm glad to report that we do have two staff psychiatrists to provide acute psychiatric treatment to our patients on an as-needed basis. If inpatient psychiatry services are necessary, we transfer the patient to the Uptown division of the Augusta Veterans Administration Medical Center.

During fiscal year 1984 the Carl Vinson Veterans Administration Medical Center treated 5,264 inpatients and performed 28,391 outpatient visits. It is significant to note that our outpatient workload statistics represent an increase of more than 290% since 1971 and just over 28% since 1981. Also interesting to note is that our inpatient workload has stabilized in the last five years with an average of 5,134 patients treated each year. It is my belief that the stabilization of our inpatient workload is a direct result of the expansion of our outpatient program. I believe our outpatient treatment has obviated the need for hospitalization for many veterans.

The operating budget for the Carl Vinson Veterans Administration Medical Center this past fiscal year exceeded \$30 million for the first time; it will also exceed \$30 million again in fiscal year 85. This year over \$20 million of these dollars will pay for employee salaries. Our employees are our most important resource, and they provide the quality medical care to veterans that we are so proud of here in Dublin.

We have been fortunate in Dublin in that over the past several years we have been funded to support a very active construction program. This has allowed us to make significant improvements in the physical facilities in which our patients are treated and our employees work.

Some significant improvements include:

(1) Air conditioning for our domiciliary patient buildings, currently in process and soon to be completed.

(2) Correction of patient privacy deficiencies. This involves the conversion of our large open wards into smaller 4, 2, and single bedroom units. This has already been accomplished in building 19. Building 17 is now under construction and plans are in motion to renovate building 13 in the future.

(3) Renovation and modernization of patient dining rooms.

(4) Correction of fire and safety deficiencies.

(5) Construction of patient bowling alley and activity room.

(6) Renovation and modernization of dental service.

(7) Renovation and modernization of nuclear medicine section.

(8) Renovation and modernization of pharmacy service.

(9) Installation of decentralized hospital computer program, phase I and phase II.

(10) Asbestos removal throughout the medical center, is in process and ongoing.

The above are only some of the improvements we have made through construction appropriations that have averaged in excess of \$2 million at our facility for each of the past 4 years.

The Carl Vinson Veterans Administration Medical Center is also actively involved in the medical district 9 initiated program planning (MEDIPP). There are many planning initiatives underway. I would like to take this opportunity to highlight three that I feel are most important to our hospital as we continue our planning efforts.

Before discussing these three planning initiatives, I would like to share with you some demographic information with regard to our medical district 9. While it is medical district 9 data, it is representative of data for central Georgia as well.

According to data from the 1980 census, South Carolina and Georgia, the states which compose medical district 9, were ranked seventh and eighth respectively, in the order of veteran population growth in the United States between 1970 and 1980.

South Carolina's veteran population increased over 35 percent between 1970 and 1980, and the veteran population in the state of Georgia increased by 32%. The average veteran population growth for the United States during the same period of time was a little more than three percent.

The 1984 medical district 9 veteran population data indicates that 38 percent, the largest percent of the veterans in the medical district, are between the ages of 25 and 44. Veterans whose ages are between 55 and 64 compose 25 percent of the medical district veteran population, and those veterans who are 65 years of age or older

are only 14 percent of the medical district's veteran population. The veteran population in medical district 9 is expected to decrease slightly by less than one percent by 1990. This projected reduction appears to indicate a corresponding reduction in the potential need or demand for health care services. However, the projected decrease in veteran population occurs in the group of veterans under the age of 65, and the group of veterans age 65 or older increases dramatically. Specifically, this age group by 1990 will increase 170 percent, and the number of veterans between the ages of 65 and 74 will increase 180 percent. Further projections reveal that although the veteran population as a whole will continue to decline gradually after 1990, the veteran population age 65 or older will increase by 262 percent between 1980 and 2000. Therefore, the potential need or demand for hospital services in medical district 9 as well as central Georgia by the year 2000 will be significant.

With the above data in mind, I would now like to highlight our three most important planning initiatives.

Construction of a new outpatient building at this medical center is a high priority need. This year in our existing outpatient building we will see in excess of 30,000 outpatient visits. Our planning efforts tell us that by 1991 our projected outpatient workload will exceed 50,000 visits.

Our existing outpatient building was designed to accommodate 10,000 outpatient visits each year.

Advanced planning funds have already been approved and preliminary design is underway.

Secondly, just as important as a new outpatient building is increasing the number of nursing home care beds through the construction of a new 120-bed nursing home care unit and the relocation of our existing 86 nursing home care beds to this building. VAMC Dublin currently has a waiting list of 55 veterans who need a bed in our existing nursing home care unit.

Thirdly, is the establishment of a 90-bed psychiatry service. When psychiatric and substance abuse problems are combined, they represent a significant problem among veterans of central Georgia. Our planning efforts indicate we could renovate the area vacated by the transfer of the existing 86 nursing home care beds to the proposed new 120 bed nursing home care building and provide these 90 psychiatry beds at a very reasonable cost. This would give us the necessary spectrum of psychiatric services needed.

Today when I look at the quality and quantity of health care services delivered to our veterans in central Georgia, I feel very good about the quality, and we can never reduce that aspect of our health care. Our planning efforts described in my statement address the dimension of quantity of health care. The plans discussed will enhance our ability to meet the increasing demand for health care in this area. According to the 1980 census, the state of Georgia ranked fifth in population growth between 1970-1980 as a result of both immigration and natural increases. This trend is expected to continue. As already stated, our veteran population age 65 or older in Georgia is expected to increase by more than 260 percent in the next 15 years. This aging population will require significantly more medical care in the future than in the past. Through our (MEDIPP) planning process, we have plans to meet the veterans' future needs.

In closing I want to assure you and your distinguished colleagues that I, along with my dedicated and committed staff, will continue to provide services to our veterans in a most compassionate, conscientious and efficient manner.

Mr. Chairman, this concludes my testimony, and I'll be pleased to respond to any questions you may have.

TESTIMONY OF DONALD E. BURNETTE, DIRECTOR VETERANS ADMINISTRATION, MEDICAL CENTER AUGUSTA, GA

Mr. Chairman, it is an honor and privilege for me to appear before this distinguished panel today and provide you with information on the Augusta VA Medical Center. Having recently been appointed as director of the Augusta VA Medical Center, I look forward to the challenges of managing the day-to-day activities of this major two division hospital.

Mr. Chairman, I should stress that any eligible veteran applying at our medical center is promptly examined and evaluated. We provide high quality service to veterans residing in our catchment area and arrange for extended chronic and tertiary care patients to be transferred to our medical center. Our philosophy is to provide the best care possible to eligible veterans and to cooperate with other facilities to maintain the highest health care standards.

Our downtown division provides acute medical, surgical, and psychiatric inpatient care and both primary and specialized outpatient services. The downtown division has an authorized capacity of 420 beds which include: 160 medical beds, 150 surgical beds, a 60 bed spinal cord injury service and psychiatry and neurology services of 30 and 20 beds, respectively.

The uptown division provides acute, intermediate and long-term psychiatric care as well as an intermediate and long-term medical care for eligible veterans of central Georgia and serves as a referral center for VA facilities beyond the central Georgia area especially in long-term psychiatric care. The authorized capacity of the uptown division is 726 beds which includes 423 psychiatric beds, 90 alcohol treatment beds, and 213 intermediate medicine beds. At the present time 88 beds at the uptown division are unavailable due to major construction projects. In addition our 40 bed nursing home care unit is located at the uptown division.

The uptown division is currently scheduled for a badly needed replacement facility. Current plans call for demolition of several ward buildings predating World War II to be replaced by a modern facility including 410 psychiatric beds, 220 intermediate medicine beds, and a 120 bed nursing home care unit. We expect this new facility with its up-to-date clinical and support services to provide a greatly improved therapeutic environment for this special group of veterans. We hope to activate the new facility at the beginning of the next decade.

During fiscal year 1984 the Augusta VA Medical Center had a grand total of 4,903 patient admissions, an average daily census of 834 patients, and an occupancy rate of 80.7 percent. Our turnover rate for both divisions in fiscal year 1984 was 99.3 percent. Additionally, the Augusta VA Medical Center accomplished 102,266 outpatient visits in FY 84. For the first six months of the current fiscal year our medical center had a grand total of 5,123 patient admissions, an average daily census of 831 patients for an occupancy rate of 79.6 percent. Our turnover rate for the first six months of fiscal year 1985 was 102.3 percent and outpatient visits numbered 51,168.

Our affiliation with the medical college of Georgia has been a benefit to both institutions. While the physicians, dentists, and nurses receive excellent training in their respective health care fields, our veteran patients are secure in the knowledge that they are receiving the most up-to-date health care available. We are indeed fortunate to have our staff some of the finest clinical specialists in the country.

During the last year our center provided clinical training for, among others, 345 physicians, 294 medical students, 14 nurses, and 190 nursing auxiliaries, 11 psychologists, 5 dental residents and 33 dental auxiliaries. At any one time we may have 160 students participating in supervised training at our medical center in a variety of areas.

Our medical center also has a very significant impact on the local economy in the greater Augusta area. Our overall FY 85 budget at Augusta is in excess of 79 million dollars. Salaries of employees alone constitute 54.5 million dollars thus having the most direct impact on the local economy. Our assigned employment ceiling is 2121.6 FTEE. This includes 80.2 FTE physicians, 7.0 FTE dentists, 337.9 registered nurses, 383.3 LPN/NA's, and 10 FTE physician's assistants. We feel that our staff is energetic and efficient with the health care and personal well being of the veteran patient and his/her family foremost in their mind.

While we rely mainly on our full time health care professionals to provide for the needs of our veteran patients, we are also able to draw upon the expertise of top physicians in local area. We have a ready list of paid consultants and attending physicians numbering approximately 170 individuals.

I should also note, Mr. Chairman, that we have active sharing agreements with both the medical college of Georgia and the Dwight David Eisenhower Army Medical Center at Fort Gordon. Our sharing agreements with the medical college of Georgia permit us to share needed services from radiology, audiology, nuclear medicine and laboratory services. Our sharing agreement with the Eisenhower Army Medical Center includes a wide range of radiological services plus provides a contingency role to the Augusta VA Medical Center in the event of a major conflict. These sharing agreements allow the VA medical center and these two fine hospitals to share scarce and valuable medical resources. We find that all parties benefit from these arrangements and we continue to actively seek other areas with sharing potential.

Mr. Chairman, I would now like to focus on our specialized units. When we moved into the new downtown division we also entered a new era in the treatment of the spinal cord injured. As you probably know, our spinal cord injury unit is one of the 19 such facilities in the VA system. We service all of Georgia and large parts of Alabama, Tennessee, North Carolina, and South Carolina. Our 60 bed unit provides acute and rehabilitative treatment to the spinal cord injured. During fiscal year

1985 we had 369 admissions to the unit with an average daily census of 45 patients. Our occupancy rate was 80.3 percent, and we had a turnover rate of 67.6 percent. After our spinal cord injured patients are discharged they receive continued care by our hospital based home care team. This group of dedicated individuals consisting of a physician, nurse, dietitian, social worker, and physical therapist visit the spinal cord patients and families in their homes. These people help the patient and family adjust to the difficulties of managing their special needs.

Another special unit servicing a special group of veterans is our post-traumatic stress disorder rehabilitation unit located at the uptown division. This unit specialized in treating Vietnam War veterans who have had difficulty adjusting to peace time activities. The unit has received most favorable comment from its clients and the general public. At the moment this unit is authorized 25 beds.

In addition we have an alcohol treatment unit designed to provide long-term curative treatment for the alcoholic patients seeking to end his/her dependency on alcohol; a diabetes unit, two neuropharmacology wards, and an upstanding stroke rehabilitation unit. Upon completion of the replacement facility at the uptown division, we have plans to add an adult day care center for eligible veterans and a day treatment center.

Mr. Chairman, I would be remiss if I did not mention our research service which has a current budget for FY 1985 of 1.48 million dollars. Our researchers investigate a wide range of projects from cancer to treatment of the alcoholic. We are especially proud of our research in spinal cord injuries. Our people recently received publicity on the cable network in the research of phantom pain in the spinal cord injured.

Mr. Chairman, as you have noted upon my comments the Augusta VA Medical Center is a modern, up-to-date facility offering a complete range of health care services to veterans, families and the community at large. Our projected construction for the uptown division will greatly enhance our ability to provide modern psychiatric, intermediate and long term care to these veterans. We are looking forward and expect to continually improve in our goal of providing health care to veterans second to none.

Mr. Chairman, that completes my prepared statement and I will be pleased to respond to any and all questions you and the other members may have.

STATEMENT OF A.V. "BUBBA" AKIN, AREA SUPERVISOR, GEORGIA DEPARTMENT OF VETERANS SERVICE, VINSON VA MEDICAL CENTER, DUBLIN, GA

Mr. Chairman and members of the subcommittee, it is my pleasure and honor at this time to have the opportunity to appear before this distinguished body on behalf of Commissioner Pete Wheeler and our state Department of Veterans Service.

With 25 field offices located in south central Georgia, we are vitally interested and concerned about quality and quantity of health care being delivered to veterans in our area and state at large.

Many of these offices are within the Dublin P.S.A. and are confronted with constant problems assisting eligible veterans seeking VA medical care at this facility and elsewhere.

Since our department is supportive of all efforts to strengthen the professional services of VA Department of Medicine and Surgery, we wish to express full support of Director William Edgar, here at Dublin, in his continuing efforts to upgrade facilities and services on this station.

Mr. Chairman, we shall first offer comment on the urgent need for construction of an ambulatory care building as proposed by Mr. Edgar. Our state service officers report a daily increasing need among aging veterans for out-patient ambulatory care that could then be provided.

Secondly, we recognize a great need for the proposed 120 bed nursing home care unit. The present 86 nursing car beds are most inadequate for rapidly increasing demands in this important area of health care, where hundreds of aging Georgia veterans are being denied admission and treatment.

I would be remiss, Mr. Chairman, if I failed to convey to this committee, that our professional service officers, most familiar with operations here at Dublin, are unanimous in fully recognizing a most urgent and immediate need for psychiatric service and full funding of the alcohol treatment unit.

With addition of requested 120 nursing beds, the present 86 beds could be converted to use in the above services at nominal cost.

Finally, Mr. Chairman, let me remind the committee that we in southwest Georgia are vitally interested and supportive of the proposed establishment of a VA out-patient clinic in Albany, Georgia. Please give us your cooperation and assistance when this matter comes before you for approval.

We know very well the dedication and interest of the members of this subcommittee and of the entire Committee on Veterans Affairs and we are confident that this body will continue to responsibly address the genuine needs of Georgia veterans, their dependents and survivors.

Thank you again for giving us the opportunity to present our views at this time.

STATEMENT OF WENDELL ZEIGLER, HOSPITAL REPRESENTATIVE, THE AMERICAN LEGION, DEPARTMENT OF GEORGIA, CARL VINSON VA MEDICAL CENTER, DUBLIN, GA

Mr. Chairman and Members of the Subcommittee, the American Legion, Department of Georgia is appreciative of this opportunity to present its views on the quality and quantity of health care delivered to the veterans in central and south Georgia.

Before addressing specific items, let me say that the American Legion continues to be the largest veterans organization in the Nation. This is also true here in Georgia where we represent more than forty thousand veterans of the four American wars of the twentieth century, residing in our state. That being so, we believe our voices should be heard in the Halls of the U.S. Congress, and we appreciate the opportunity this committee now gives us.

We of the Legion are much concerned, Mr. Chairman, that thousands of Georgia veterans of World War II are approaching advanced age with its various infirmities that require them to seek disability and medical benefits for the first time. This situation, along with the recent congressional interest in providing increased health care for the aged World War I veterans, former prisoners-of-war, and the Vietnam veterans, is creating a tremendous demand on the VA Health Care System, including the Carl Vinson VA Medical Center, and has resulted in a long waiting list for nursing home care unit beds. This demand is compounded by the fact, regardless of what others may think, that the greater majority of our veterans seeking medical treatment from the VA are poor and are unable to pay for needed medical care in the private sector. In excess of 30,000 out-patient visits are expected at this facility in 1985, which constitutes a 290% increase since 1971 and a 28% since 1981. Authorized staffing has not increased, consistent with this increased workload, which from our prospective identifies a critical problem—namely shortage of staff.

Mr. Chairman and members of the subcommittee, through our daily association with the staff of the Carl Vinson VA Medical Center, we feel confident that quality care is being provided our veterans, but we are concerned that the increasing numbers seeking medical care is becoming critical for the existing facility. The director, William O. Edgar, is dedicated to providing quality care and has thus far done an exceptional job in dealing with the increased demand on his medical facility. The concept of "doing more with less," is a commendable managerial technique—to a point. At some point, this technique is doomed to failure—more cannot be done with less. Mr. Chairman, we feel the staff of the Carl Vinson VA Medical Center is at or very near that point. Congressional support to improve the facility for handling present and projected medical needs for the growing numbers of central and south Georgia veterans is desperately needed. We fully support the needs outlined by Director Edgar, and ask for your support in funding the planned new ambulatory care addition, the 120-bed nursing home care unit, and the 90-bed psychiatry unit.

Mr. Chairman, the American Legion, Department of Georgia, has been mandated for the past 5 years to support the establishment of a VA out-patient clinic in Savannah, Georgia, for our coastal area Georgia veterans. There are an estimated 70,000 veterans in the Savannah area that must travel great distances at high costs and inconveniences for medical care at VA Medical Centers in Charleston, SC, Decatur, GA, and Dublin, GA. We have been advised that VA Administrator Harry Walter has approved this clinic, but funding has not been approved by the U.S. Office of Management and Budget. Mr. Chairman and members of the subcommittee, we urge your support in obtaining a release of the funds for this badly needed clinic, which is estimated to handle 22,000 patient visits annually.

In closing, the American Legion Department of Georgia, does not seek more from the Federal Government than we believe are the just dues of the men and women from Georgia who have answered the call of the elected government to defend the national interest in the armed forces. We know well the dedication and interest of members of this subcommittee and of the entire Committee on Veterans Affairs in ensuring for the legitimate needs and care of our disabled and sick veterans. We commend your dedication and efforts.

Thank you again for the opportunity to present our views.

VETERANS OF FOREIGN WARS DEPARTMENT OF GEORGIA, MACON, GA

As state commander of the Veterans of Foreign Wars, Department of Georgia, I am honored to have the privilege on this rare occasion to appear before this committee, representing the 34,000 members of the Veterans of Foreign Wars and its ladies auxiliaries.

I would like to take this opportunity to welcome the Honorable Sonny Montgomery and all of the other Members of Congress who are with us today, especially our own J. Roy Rowland.

I have visited this hospital as a VAVS worker every month for the past fourteen years, and as state commander, I have also had the opportunity to inspect all three of the V.A. hospitals and nursing homes in Georgia. I feel there is a great need for continuing an adequate VA budget which will take care of the needs of our disabled and aging veterans, both service and non-service connected. The World War II veterans are reaching an average age of 66 now, which is a time in our lives when more medical attention is going to become necessary. This, of course, means that more beds and additional staff will be needed. We hope, Congresswoman Montgomery, that you and your colleagues will recognize this need and will continue to back the veterans program in the future.

We are in desperate need of at least a 120-bed nurse care unit and an outpatient building in Dublin. We hope that you will see this need first-hand while visiting this facility today. We feel that the Carl Vinson Center, under the very capable leadership of Mr. William O. Edgar, is one of the finest VA medical centers anywhere, and the members of the Veterans of Foreign Wars urge you to allow this facility to continue operating at its high standard.

Again, I want to thank you for allowing me to appear before this distinguished committee.

AMVETS DEPARTMENT OF GEORGIA

Mr. Chairman, Members of the Committee, we appreciate your interest in the veterans in Central Georgia. You have shown your interest by holding this hearing today.

Let us begin by saying that AMVETS Department of Georgia is very satisfied with the quality of health care delivered to veterans in central Georgia. The biggest complaint that we receive is in regards to the distance that veterans in Southeast Georgia have to drive in order to receive health care that they need. For several years now, the veterans organizations in Georgia have been asking for an Out-patient Clinic in Savannah. It is our opinion that the Clinic is needed and that an Out-patient Clinic in Savannah would satisfy the complaints of veterans that they have to drive long distances for their medical treatment.

A critical problem facing both the quality and the quantity of health care delivery to veterans in central Georgia is "what to do about the aging veteran." This problem is especially critical to us since we live in one of the sunbelt states and we expect large numbers of these aging veterans to migrate to Georgia. When these veterans were discharged after World War II, they received the promise of a grateful Nation that their disabilities would be taken care of by the VA and that they would be entitled to hospitalization at the VA. We should not renege on that promise. With this in mind, we fully support the plans of the VA's Medical District 9, Long Range Plans for the Dublin VA Medical Center. These plans include a new Out-patient Clinic building, a new 120 bed Nursing Care Unit and a 90 bed neuropsychiatric unit. The current Out-patient Clinic was designed for 10,000 visits per year. They are currently seeing 30,000 veterans per year and it is projected that they will be seeing 50,000 veterans per year by 1990. It is our opinion that one of the most critical problems facing the aging veteran will be accessibility to Nursing Care Units. We are told that the Dublin hospital maintains a waiting list for their Nursing Care Unit of approximately 55 veterans. Along with the need for these increased services is the need for increased staffing for these facilities. In addition, with the increased demand for VA health care, we can see the need in central Georgia for the VA to develop a home based health care program or a visiting nurse program.

We appreciate the opportunity of having had the privilege of presenting our views to you this morning. Thank you.

JAMES C. COX, N.A.A.V., GEORGIA STATE COORDINATOR

The atomic veteran seeks no special favor . . . simply justice.

Atomic Veterans are those who were exposed to ionizing radiation from nuclear weapons testing during the period beginning with the Trinity Blast of July 16, 1945. Alamogordo, New Mexico; continuing through the U.S. Clean-up of Nagasaki/Hiroshima; during the 235 atmospheric nuclear weapons tests in the Pacific and Nevada test sites; until the Nuclear Test Ban Treaty of 1963.

Approximately 250,000 U.S. Servicemen as well as civilian personnel took part in a variety of tests during this period of the "cold war" when the Department of Defense, working in conjunction with the Atomic Energy Commission, ordered troops to participate in and witness the detonations in the Pacific and at Nevada. Most detonations were larger and gave off considerably more deadly radiation than those bombs dropped on Japan. The government was interested in learning the effects of nuclear weapons on the performance of military personnel and equipment. Troops and ships, as well as a variety of equipment, were placed from two to fifteen miles from the center of each detonation. Participants were ordered to perform various maneuvers in the open, without protective clothing or respirator devices.

The ill atomic veteran is forced to bear the full cost of expensive medical treatment, in addition to supporting a family. Many of these men have been forced to live on welfare. The purpose of the National Association of Atomic Veterans, is to assist these Veterans in obtaining government recognition and V.A. health care.

Although the Defense Nuclear Agency believes that approximately 250,000 Veterans and possibly an equal number of civilian personnel have participated in the various tests, they continue, at this date, to delay locating and Warning these individuals of the potential hazards they may have been exposed to. Veterans were not listed specifically as having participants in Atomic Tests, therefore, a widespread media effort must be conducted to warn and locate these individuals. NAAV has used public outreach, media, posters and speaking before groups to locate them and to educate the public.

Medical survey—From 700 responses

<i>Disease</i>	<i>Average</i>
Cancer	24
Skin cancer	15
Muscle	67
Bone	45
Joint	56
Internal	44
Blood/urine	9
Blood/rectal	24
Heart (all)	45
High blood pressure	30
Heart attack	13
Hardening/arteries	13
Emotional	64
Rashes	33
Lungs	49
Numbness/extremities	55
Headaches	33
Loss of hearing	33
Tinnitus	34
Sterility	11
Early death.	
Sterility.	
Loss of hearing.	
Skin diseases.	
Bone deterioration.	
Muscle weakness and deterioration.	
Blindness.	
Brain tumors.	
Emotional problems.	
Hair loss.	
Lung problems.	
Internal disorders.	
Heart problems and high blood pressure.	
Blisters and boils.	
Rectal bleeding and blood in urine.	

Numbers in extremities.

Chronic headaches.

Tinnitus (ring in ear).

Many have died, Cancer, Lukemia, etc. NAAV has received from Defense Nuclear Agency (DNA) a list of 50,000 men.

A letter to: All Military Participants of the Nuclear Testing Programs—1945-63

From: The National Association of Atomic Veterans (NAAV)—a non-profit non-governmental organization; representing veterans exposed to ionizing radiation from nuclear weapons testing, including the occupational forces of Hiroshima/Nagasaki.

Your name and address was provided us by the Defense Nuclear Agency (DNA) as a participant in the nuclear testing programs.

1015 7th Ave. S.E.

Aberdeen S.D. Dak.

Aug 9, 1984

N.A.A.V.

Dear Sirs:

I am aware of public law 97-72 and made application for an examination at Sioux Falls S.D.

V.A. hospital. I applied through the service officer at ~~Aberdeen~~ Aberdeen S.D.

I waited 3 months and heard nothing. I then contact Rep. Tom Dachel and in about 3 days got a notice to come to V.A. hospital at Sioux Falls.

There they took a urine sample + blood test and a check of my vital signs and sent me home and I never heard from them. I believe the test I was given was a waste of time + money as far as ~~as~~ determining exposure to radiation.

Yours truly
Irwin Wertz

September 21, 1984

National Association of Atomic Veterans
702 Highway 54 E
Eldon, MO. 65026

RE: VANDYKE, WARREN H.
C 24 613 897
SSN 149-22-4529

Gentlemen:

As a member of your association (nuclear exposure, Nagasaki, Japan, September 22-23, 1945—plutonium—233), I'm writing this letter to report on the protocol nuclear examination I had on September 13, 1984.

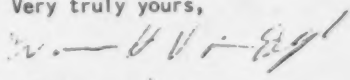
The examination took place at the VA Medical Center, University Drive, Pittsburgh, Pa. 15240. I was examined by a Dr. Deutcher. The examination was a farce. He called the procedure a mere formality and the so-called physical amounted to nothing.

This physician did not want to hear about or see the tumor on my back, or hear about the tumors I had surgically removed from my right index finger and from my back. He was also negative about my medical history (diabetes and cataracts).

Before having the physical in question, I was under the impression that the examiner would be one specializing in nuclear medicine. In my opinion, the examiner was not.

I have expressed a great deal of dissatisfaction over this so-called protocol nuclear examination lasting ten minutes.

Very truly yours,


WARREN H. VANDYKE
938 Ridge Avenue
McKees Rocks, Pa. 15136

PT. 1, 4W
 BULLARD, TX 75757
 7-27-84

NAAV-PH
 P.O. Box 707
 ELDON, MO 65026

DEAR SIR:

① APPLIED FOR AND RECEIVED
 U.A. PATIENT DATA CARD

② HAD EXAM. FOR RADIATION
 FIRST PART OF 1984.

③ HAVE NOT RECEIVED REPORT
 OF RESULTS.

④ TREATMENT AT THE U.A. HOSPITAL
 WAS NO BETTER OR NO WORSE
 THAN OTHER VETERANS RECEIVED -
 I WOULD CLASSIFY AS "VERY GOOD."

⑤ EXAM WAS EYES, EARS,
 NOSE, MOUTH, PROSTATE - CHEST
 EXRAYS - STRIPS OF HEART BE-
 HAVIOR AT REST - BLOOD SAM-
 PLES. WHAT SHOULD EXAM FOR
 RADIATION CONSIST OF???

⑥ EXAM WAS CONDUCTED
 AT SHREVEPORT, LA. HOSPITAL.
 THANK YOU FOR YOUR
 KIND ATTENTION.

Sincerely

L. A. Niedenfuehr
 L. A. NIEDENFUEHR

The following is a little summary of how I felt then and how I feel now.

~~This~~ very touching

One October morning in 1951 as I knelt upon the ~~bed~~ floor I wondered what will it be like! Our countdown began then 5-4-3-2-1-0 I then saw the brightest flash I have ever seen. I knew then as I felt the heat upon my back and heard and felt that awful monsters roar I knew that the heavens in all their fury could not compete with what man has accomplished. When I turned around and saw this brilliant ball of fire destroying everything it came near I could visualize in my mind the terrible destruction of Hiroshima and Nagasaki. I knew then that the people of these cities had to feel that this horror was punishment from God for no member of the human

race would unleash this terrible
 holocaust on guilty and innocent alike.
 A short time later we were taken
 out to the blast site to view at
 first hand the wonderful things
 we had accomplished. As I walked
 among the dead and maimed sheep
 and twisted steel I knew what
 wonderful thing we accomplished.
 We've learned how to destroy humanity
 with the mere push of a button. Now
 in 1984 as I sit here in pain, finding
 it hard to walk when I used to love
 to run I think back and say to myself
 wasn't this a wonderful thing
 we accomplished

Edward Kiper

Naav

To Whom It May Concern:

As per request to visit the V. A. Hospital for examination per the V. A. Circular 10-83-61.

I made visit for exam to the V. A. Hospital, Indpls., In. on 04-02-84.

I was given X-rays only. They knew nothing about the D & A Fact sheet or V A Circular. They made copies of these documents.

No special treatment or preferred treatment was given me. I was told only former prisoners of war were given preferred treatment.

They would read no medical records I took with me or showed no interest in my previous and present medical problems.

I had a heart attack on 06-01-83.

Roy D. Lively

8/25/84

NAAV
 P.O. Box 707
 Eldon, Mo.

Up date I have
 been working on
 service connected claims
 on battle wound left
 arm (Saipan) 1943 or 44
 also cataract right
 eye (NAAV is handling).
 radiation claim on
 back + other things.

On 6/22/84 I was
 at VA Hosp. Little Rock, Ar.
 for complete eye exam
 was told by Dr.
 Wichita VA doctor that
 I had giant size
 cataract right eye also

Diabetes problem in
 left eye surgery
 appointment was
 set up that
 date on a stand
 by basis was
 told on 8/24/84
 that I was
 number five on
 lists for Cataract
 removal, implant, Cornea
 transplant. At the
 hospital I was (exam)
 by a Dr. Wichita,
 Chief VA doctor, Dr. Michael
 C. Roberson. Was told
 by Dr. Wichita that
 you ~~if~~ could not
 get pension for
 (radiation) on Cataracts.
 Sincerely,
 Ben Cooper

MILITARY ORDER OF THE PURPLE HEART

CHARTERED BY CONGRESS

July 18, 1985

1782 1932



NATIONAL HEADQUARTERS
5413-B BACKLICK ROAD
SPRINGFIELD, VA 22151-3960
(703) 842-8380 (FTS-300-3063)

OFFICE OF: E. W. CHASTAIN, Sr Vice Commander
2607 Polo Court, Augusta, Georgia 30904

House Veterans' Affairs Committee
ATTENTION: Congressman G. V. Montgomery
335 Cannon House Office Building
Washington, D.C. 20515

Dear Congressman Montgomery:

It was an honor for me to appear before your Committee at Dublin, Georgia, on May 24th. Below are the statistics that Mr Hammerschmidt requested.

Mr Hammerschmidt spoke of my "presupposition that a lot of things have happened to the veterans" which in his extensive (implied) traveling around the country, he has found to "be not actually occurring to a great degree". However, let me assure you that it is not supposition that all out-patient treatment to non-service-connected veterans has been cut off at the Veterans Administration Medical Center at Augusta, Georgia, - it is a fact. Such patients, if in such a critical state that the sustaining of their lives requires it, can be admitted for in-patient treatment, but such admission must be authorized by competent qualified medical personnel - a rather difficult for someone who is denied access to such personnel. Certainly a clerk at the Admission Desk is not qualified the medical necessity of such a situation!

Neither is it supposition that medicine is no longer issued to non-service-connected personnel; that is purely and simply a fact. How many veterans will do without their sorely-needed, life-sustaining medicines prescribed by VA doctors, rather than shed their pride (yes, we are rather a proud lot) and plead abject poverty in the hope of obtaining the medicines which our spiraling inflation makes it all but impossible to buy?! Mr Hammerschmidt spoke of the new commitment authorized in "the 1970s or somewhere around there"; I wonder if President Lincoln didn't have more than service-connected when he spoke of the care of those "whp have borne the battle, and for their widows, and for their orphans"!

A January 1984 survey by the Veterans Administration Health Services Research and Development Service has provided the following data:

Survey Results: The major extrapolated finding was that over 20,000 veterans a month were being turned away from VA care - by failing admission, by being denied a request for transfer, or by discharge from a clinic. The survey, which involved 4,073 clinics and 231 facilities, also determined that the average system-wide waiting time for

EXCLUSIVELY FOR COMBAT WOUNDED VETERANS

an appointment was 27.6 days. Among the clinics, the survey indicated that approximately 1,100 were either not accepting new patients or had an appointment waiting time exceeding 45 days.

Trend Analysis: The Freedman Study revealed that applications for VA care have increased steadily since 1970; the VA budget, however, has not grown commensurably. Between 1970 and 1983, the number of in-patients treated annually increased 63 percent, from 787,000 to 1.2 million; out-patient visits were up 172 percent, from 6 to 16.5 million.

A follow-up 1985 study, extending through April 1985, is in the process of publication by the VA. Let me stress, the quality of health care by the VA is outstanding, being epitomized by courtesy and an obvious concern on the part of the doctors and technicians, but is seriously proscribed by the budget limitations. At the present rate, the situation can grow only worse. The result can lead to much suffering and even to death for some of our brothers who, in my opinion, have already given so much!

Thank you for the opportunity of testifying.

Sincerely for Patriotism,

Edward W. Chastain

EDWARD W. CHASTAIN
(404) 738-5068

